2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-18-2005 90270 042 ***150.00
05-02-2005 90486 007 ***150.00

DOCUMENT # P04000132375

1. Entity Name
HEAVENLY LAWNCARE SERVICES INC

66017169

Principal Place of Business	Mailing Address
6 EAST GREENS BLVD LEHIGH ACRES, FL 33972	PO BOX 1197 LEHIGH ACRES, FL 33970

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
208 MADISON AVE	P.O. BOX 2021
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: IMMOKALEE FL	City & State: IMMOKALEE FL
Zip: 34142 Country:	Zip: 34143 Country:

4. FEI Number: 20-1649265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIATT, RAMONA 6 EAST GREENS BLVD LEHIGH ACRES, FL 33972	Name: JOEL SAEZ Street Address (P.O. Box Number is Not Acceptable): 208 MADISON AVE City: IMMOKALEE FL Zip Code: 34142

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIATT, RAMONA 6 EAST GREENS BLVD LEHIGH ACRES, FL 33972	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAEZ, JOEL PO BOX 2021 IMMOKALEE, FL 34143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL SAEZ 3/30/05 239-289-4610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #