


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90097 029 ***150.00

DOCUMENT # P04000148353			
1. Entity Name DELANTES LAWN SERVICE INC			
Principal Place of Business 3858 VILLA ROSE LN ORLANDO, FL 32808		Mailing Address 3858 VILLA ROSE LN ORLANDO, FL 32808	
2. Principal Place of Business 514 Heather Brite Cr Suite, Apt. #, etc. Orlando FL City & State Apopka FL Zip 32712 Country		3. Mailing Address 514 Heather Brite Cr Suite, Apt. #, etc. Orlando FL City & State Apopka FL Zip 32712 Country	
		01102005 Chg-P CR2E034 (10/03)	
		4. FEI Number 04-3799234	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, LISA R 3858 VILLA ROSE LN ORLANDO, FL, FL 32808		7. Name and Address of New Registered Agent Name: 514 Heather Brite Cr Street Address (P.O. Box Number is Not Acceptable) City: Orlando Apopka FL Zip Code: 32712	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 JACKSON, LISA R 3858 VILLA ROSE LN ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTWELL, ANDRE D 3858 VILLA ROSE LN ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lisa Jackson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/8/05</u> Daytime Phone #: <u>407-390-882</u>	