


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90081 001 \*\*\*150.00

<b>DOCUMENT # P04000155104</b>				
1. Entity Name <b>KEVIN MCMAHON'S LAWN MAINTENANCE SERVICES, INC.</b>				
Principal Place of Business <b>2870 NW. 107TH AVENUE CORAL SPRINGS FL 33065 US</b>		Mailing Address <b>2870 NW. 107TH AVENUE CORAL SPRINGS FL 33065 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

30018555



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>MCMAHON, MICHELE L 2870 NW. 107TH AVENUE CORAL SPRINGS FL 33065</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAHON, KEVIN J		NAME	Michele L. McMahon	
STREET ADDRESS	2870 NW. 107TH AVENUE		STREET ADDRESS	2870 NW. 107 Ave	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kevin J. McMahon	
STREET ADDRESS			STREET ADDRESS	2870 NW. 107 Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michele L. McMahon	
STREET ADDRESS			STREET ADDRESS	2870 NW. 107 Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Kevin J. McMahon* Kevin J. McMahon 1/25/05 954-753-2070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #