2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # P04000164813 1. Entity Name LONESTAR LAWNCARE, INC.					02-13-200	06 90018 038 ***1	50.00	
Principal Place of Business		Mailing Address			603	15087		
1770 MALLARD LAKE ROAD MELBOURNE, FL 32940		1770 MALLARD LAKE ROAD MELBOURNE, FL 32940			GAG TOOA			
2. Principal Place of Business 590 Fournier ST SW		3. Mailing Address 590 Fournier St SW						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102006	Chg-P	CR2E034 (11/05)		
City & State	e	City & State	TI 2000	4. FEI Numb	er / 3	//////	plied For	
P8LLM . Zip	Bay FL 32908 Country	Palm Bay,	FL 32908 Country		of Status Desired	\$8.75 Add	t Applicable itional	
	Brevard		Brevard			Fee Required		
-	6. Name and Address of Current	Registered Agent	Name		- — OT NEW	Registered Agent		
MILLER, ALLEN 2087 SARNO ROAD MELBOURNE, FL 32935			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or	registered agent, or bo	oth, in the State of F		and accept	
the obligat	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent (and title of spolicable. (NQT	E: Registered Agent signatu	re required when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.6	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTORS		
TITLE NAME	D SMITH, JOHN C	☐ Delete	, TITLE NAME	1 400	Smith,	A⊡Xchange Iohn C	☐ Addition	
STREET ADDRESS	1770 MALLARD LAKE ROAD		STREET ADDRESS			rnier ST SW		
CITY-\$1-ZIP	MELBOURNE, FL 32940		CITY+ST-ZIP			LILLOI OI ON		
TITLE NAME	D			The state of the s	<u>PalmoBay</u>	y FL 7.32908		
STREET ADDRESS	LSMITH MICHELE	☐ Delete	TITLE NAME	Smith, M	ichele	y FL 7.32908 ÆXChange	Addition	
CITY-ST-ZIP	SMITH, MICHELE 1770 MALLARD LAKE ROAD	☐ Delete	NAME STREET ADDRESS	590 Four	lichele nier St	y FL T.32908 AXchange SW		
	1770 MALLARD LAKE ROAD MELBOURNE, FL 32940		NAME STREET ADDRESS CITY-ST-ZIP	Smith, M 590 Four Palm Bay	lichele nier St	y · FL · T. 32908 ************************************	Addition	
TITLE NAME	1770 MALLARD LAKE ROAD MELBOURNE, FL 32940 D	□ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	590 Four	lichele nier St	y FL T.32908 AXchange SW		
NAME -	1770 MALLARD LAKE ROAD MELBOURNE, FL 32940		NAME STREET ADDRESS CITY-ST-ZIP	590 Four	lichele nier St	y · FL · T. 32908 ************************************	Addition	
NAME STREET ADDRESS CITY-ST-7IP	1770 MALLARD LAKE ROAD MELBOURNE, FL 32940 D MILLER, ANTONE- 1770 MALLARD LAKE ROAD MELBOURNE, FL 32940	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	590 Four	lichele nier St	Y FL 77.32908 XXChange SW 2908 ☐ Change	Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #