



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90353 008 \*\*\*150.00

<b>DOCUMENT # P05000052967</b> 1. Entity Name <b>LAWN SERVICES BY LONNIE, INC.</b>			
Principal Place of Business <b>13663 NW US HWY 441 ALACHUA, FL 32615</b>		Mailing Address <b>13663 NW US HWY 441 ALACHUA, FL 32615</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>PO Box 7</b> City & State <b>Mayo FL</b> Zip <b>32066</b>		3. Mailing Address Suite, Apt. #, etc. <b>PO Box 7</b> City & State <b>Mayo FL</b> Zip <b>32066</b>	
			
		03302006 Chg-P CR2E034 (11/05)	
		4. FEI Number <b>20-2465764</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RHODEN, LONNIE L</b> <b>13663 NW US HWY 441</b> <b>ALACHUA, FL 32615</b>		7. Name and Address of New Registered Agent Name- <b>Gainesville Business Services, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>Cynthia Long</b> <b>4908 NW 34th Street Suite 5</b> City <b>Gainesville</b> FL Zip Code <b>32605</b>	
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 <u><i>Cynthia R Long</i></u> DATE <u>3/15/2006</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P,VP	TITLE	
NAME	RHODEN, LONNIE L <input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13663 NW US HWY 441	STREET ADDRESS	PO Box 7
CITY-ST-ZIP	ALACHUA, FL 32615	CITY-ST-ZIP	Mayo FL 32066
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Charlene Rhoden
STREET ADDRESS		STREET ADDRESS	PO Box 7
CITY-ST-ZIP		CITY-ST-ZIP	Mayo FL 32066
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	
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 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: <u><i>Lonnie Rhoden</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/15/06</u> Daytime Phone # <u>386 294 3954</u>	