2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# P05000135290

Entity Name: FIRST COAST LAWN CARE INC.

Current Principal Place of Business:

3541 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

7406 MAPLE TREE DR
JACKSONVILLE, FL 32277

Current Mailing Address:

3541 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086

New Mailing Address:

7406 MAPLE TREE DR
JACKSONVILLE, FL 32277

FEI Number: 20-3588885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARVER, JILL L
3541 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

CARVER, JILL L
7406 MAPLE TREE DR
JACKSONVILLE, FL 32277 US

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.

SIGNATURE: 03/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARVER, JILL L
Address: 3541 RED CLOUD TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP ( ) Delete
Name: CARVER, JARED L
Address: 3541 RED CLOUD TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARVER, JILL L
Address: 7406 MAPLE TREE DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: P (X) Change ( ) Addition
Name: CARVER, JARED L
Address: 7406 MAPLE TREE DR
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JARED LEXTON CARVER P 03/17/2006
Electronic Signature of Signing Officer or Director — Date