


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90183 026 ***150.00

DOCUMENT # P05000139857 1. Entity Name TRUE LAWN-CARE & LANDSCAPING INC.																																															
Principal Place of Business 2709 COUNTRY CLUB DR TALLAHASSEE, FL 32301			Mailing Address 2709 COUNTRY CLUB DR TALLAHASSEE, FL 32301																																												
2. Principal Place of Business 1562 Rankin Ave Suite, Apt. #, etc.		3. Mailing Address 1562 Rankin Ave Suite, Apt. #, etc.																																													
City & State Tallahassee, FL Zip 32310		City & State Tallahassee, FL Zip 32310		4. FEI Number 20-3628185																																											
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent WHITFIELD, CHARLES D 2709 COUNTRY CLUB DR TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Charles D. Whitfield Street Address (P.O. Box Number is Not Acceptable) 1562 Rankin Ave City Tallahassee FL Zip Code 32310																																											
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 Charles D. Whitfield 4-29-06 Charles D. Whitfield DATE																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> P WHITFIELD, CHARLES 2709 COUNTRY CLUB DR TALLAHASSEE, FL 32301 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITFIELD, CHARLES 2709 COUNTRY CLUB DR TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> Charles Whitfield P 1562 Rankin Ave Tallahassee, FL 32310 </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Whitfield P 1562 Rankin Ave Tallahassee, FL 32310	<input checked="" 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 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: Charles D. Whitfield Charles D. Whitfield 4-29-06 850-228-3262																																															