

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 20, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P92000002153 1. Entity Name AMERICAN LAWN MAINTENANCE INC.	
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Principal Place of Business 268 N. BROOKS CIRCLE OAK HILL, FL 32759 US	Mailing Address 268 N. BROOKS CIRCLE OAK HILL, FL 32759 US
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**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3149462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WILSON, CHARLES R JR. 268 N. BROOKS CIRCLE OAK HILL, FL 32759
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**DO NOT WRITE  
IN THIS SPACE**

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 re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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"/>	<b>\$5.00</b> May Be Added to Fees
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U00000519682  
05/02/06-80065-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST WILSON, CHARLES 268 N. BROOKS CIRCLE OAK HILL, FL
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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:  **Ray Wilson**      4-11-06      386-345-1838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #