## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State

1. Entity Name PAUL BROWN'S LAWN MAINTENANCE, INC.					
Principal Place of Business 5853 ROUND LAKE ROAD APOPKA, FL 32712 US		Mailing Address 5853 ROUND LAKE ROAD APOPKA, FL 32712 US		1 (1991) (1991) (1991) (1991) (1991) (1991) (1991)	R24 MART MART MART MART CHIE WEIGHE I IMME
DO NOT WRITE IN THIS SPACE  8. Name and Address of Current Registered Agent				03032005 No Chg-P  4. FEI Number 59-3189434  5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
BROWN, PAUL 5853 ROUND LAKE ROAD APOPKA, FL 32712			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  Signature, speed or printed name of registered agent and the it applicable (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PT BROWN, PAUL 5853 ROUND LAKE RD. APOPKA, FL 32712 VS BROWN, JANE	RECTORS	\$ 100 mm	U000 05/03/0	00355011 5-80130-012 150.00
STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP	APOPKA, FL 32712				/RITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE				IN THIS S	PACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>		_	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 grayusted 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 attechment with an address, with all other like empowered.  SIGNATURE:  **BROWN***  A 29/05***					