

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045894

Entity Name: BOB'S LAWN CARE, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

1610 NW 115 AVE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1610 NW 115 AVE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0432692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTER, ROBERT
10440 N.W. 21 STREET
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: WELTER, ROBERT
Address: 10440 N.W. 21 ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: WELTER, DENISE
Address: 10440 NW 21 ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DP () Delete
Name: HOLDEN, LOYD
Address: 1610 NW 115 AVE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT WELTER

DST

04/26/2005

Electronic Signature of Signing Officer or Director

Date