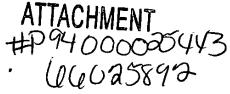
2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 18, 2005 8:00 am Secretary of State DOCUMENT # P94000025443 1. Entity Name 07-27-2005 90050 005 ***150.00 ALL SEASON LAWN CARE, INC. Principal Place of Business Mailing Address 35 HOLLYHOCK COURT HOMOSASSA FL 34446 35 HOLLYHOCK DR HOMOSASSA FL 34446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0490381 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEISER, TRACY Street Address (P.O. Box Number is Not Acceptable) 35 HOLLYHOCK CT HOMOSASSA FL 34446 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THELE ☐ Delate TITLE ☐ Change Addition NAME KEISER, RICHARD B NAME STREET ADDRESS 35 HOLLYHOCK CT STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL CITY-ST-ZIP TITLE Delete TILE ☐ Change Addition KEISER, TRACY NAME NAME 35 HOLLYHOCK CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOMOSASŞA FL CHIY-ST-7/P TITLE ☐ Delete TOLE ☐ Change Addition MAME HAME STREET ADDRESS STREET ADDRESS CHTY- ST-71P CHY-ST-7IP ☐ Delete THILE TITLE ☐ Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TIME Addition MAUS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 12. I hereby certify that the information supplied with this filing 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 eath; 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:

FILED



ALL SEASON LAWN CARE, INC.

35 HOLLYHOCK CT. HOMOSASSA, FL 34446 352-382-5085

August 15, 2005

To Whom It May Concern:

Today I received a letter from your office asking for a late fee in the amount of \$400.00. I am asking that this fee be waived because I never received the annual corporations report. It wasn't until I was going through other paperwork that I realized I have never received the original application. My company has been incorporated since March 30, 1994 and I have never in all that time missed filing my report on time. I would truly appreciate that you waive the fee. Thank you.

Sincerely,

Tracy Keiser