2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P94000088502

Entity Name: B & M LAWNMOWER SALES AND SERVICE, INC.

Current Principal Place of Business:

606 S. MARKET AVE.
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

606 S. MARKET AVE.
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-0541034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, WILLIAM B
606 S. MARKET AVE.
FT. PIERCE, FL 34982 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: PD ( ) Delete
Name: BROWN, WILLIAM B
Address: 4909 PALMETTO DR.
City-St-Zip: FT. PIERCE, FL 34982

Title: SD ( ) Delete
Name: BROWN, MARTHA J
Address: 4909 PALMETTO DR.
City-St-Zip: FT. PIERCE, FL 34982

Title: VD ( ) Delete
Name: BROWN, CYNTHIA
Address: 3302 S 7TH, APT D
City-St-Zip: FT PIERCE, FL 34982

Title: TD ( ) Delete
Name: BROWN, W A
Address: 3302 S 7TH ST APT D
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: BROWN, CYNTHIA
Address: 4601 A MAGNOLIA DR
City-St-Zip: FT PIERCE, FL 34982

Title: TD (X) Change ( ) Addition
Name: BROWN, W A
Address: 4601A MAGNOLIA DR
City-St-Zip: FT PIERCE, FL 34982

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: WILLIAM B BOWN PD 01/04/2005

Electronic Signature of Signing Officer or Director — Date