

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90275 036 ***150.00

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04152005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000092155					
1. Entity Name COMPLETE LAWNWORKS, INC.					
Principal Place of Business 2604 FOREST RUN COURT CLEARWATER, FL 33761 US			Mailing Address 25405 DAN BROWN HILL RD BROOKSVILLE, FL 34602 US		
2. Principal Place of Business 30617 U.S. Hwy 19 N #520 Suite, Apt. #, etc. Palm Harbor, FL		3. Mailing Address 30617 U.S. Hwy 19 N #520 Suite, Apt. #, etc. Palm Harbor FL			
City & State Palm Harbor FL		City & State Palm Harbor FL		4. FEI Number 59-3344627	
Zip 34684		Country Pine Hls		Applied For <input type="checkbox"/> Not Applicable	
Zip 34684		Country Pine Hls		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPPELL, JANICE K 2604 FOREST RUN COURT CLEARWATER, FL 34621			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D Pres.	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SMITH, RANDALL V			NAME		
STREET ADDRESS 1824 SHEPHERD COURT			STREET ADDRESS		
CITY-ST-ZIP OLDSMAR, FL 34677			CITY-ST-ZIP		
30617 U.S. Hwy 19 N #520 Palm Harbor, FL 34684					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: Randall V. Smith			Date: 4/2/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 727-460-0221		