2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2005 08:00 AM **Secretary of State** DOCUMENT # P96000002298 PINELLAS LAWN CARE, INC. Principal Place of Business Mailing Address 1221 E COURT ST P. O. BOX 158 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34688-0158 US 03072005 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3372366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LANE, GREGORY DO NOT WRITE 1221 E. COURT ST. TARPON SPRINGS, FL 34689 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, typed or printed name of registored agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PS TITLE NAME LANE, GREGORY STREET ADDRESS 1221 E. COURT ST. CITY-ST-ZIP TARPON SPRINGS, FL U00000258549 03/10/05-80044-018 150.00 TITLE NAME LANE, BRIDGETT STREET ADDRESS 1221 E. COURT ST. CITY-ST-70P TARPON SPRINGS, FL 34689 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-7-05(727)937

Daytime Phone a

FILED