

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 046 ***150.00

DOCUMENT # P96000003166					
1. Entity Name ADVANCED LAWN & LANDSCAPING SERVICE, INC.					
Principal Place of Business 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145 US			Mailing Address 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145 US		
2. Principal Place of Business 298 Sabal Palm Rd		3. Mailing Address 298 Sabal Palm Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 65-0639906	
Zip 34114		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B- C/O BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name <u>Joseph J. Luncke</u> Street Address (P.O. Box Number is Not Acceptable) <u>181 Heather Grove Ln</u> City <u>NAPLES</u> FL <u>Zip Code</u> <u>34113</u>		
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 <u>Joseph J. Luncke</u> <u>Joseph J Luncke</u> <u>4-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LUNKE, JOSEPH C/O BERRY & GREUSEL, 1104 N. COLLIER BLVD MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LUNKE, CARL C/O BERRY & GREUSEL, 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LUNKE, MICHAEL C/O BERRY & GREUSEL, 1104 N COLLIER BLVD MARCO, IS 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joseph J. Luncke</u> <u>Joseph J Luncke</u> <u>4-5-05</u> <u>239-732-4624</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					