2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036556

Entity Name: T & K LAWN MAINTENANCE, INC.

FILED Jan 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

165 S. HOULE AVE. 7200 HAGEN LANE SARASOTA, FL 34232 SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

165 S. HOULE AVE. 7200 HAGEN LANE SARASOTA, FL 34232 SARASOTA, FL 34240

FEI Number: 65-0673918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEAVER, TERRANCE R

165 S. HOULE AVE.

SARASOTA, FL 34232 US

WEAVER, TERRANCE R
7200 HAGEN LANE
SARASOTA, FL 34240 US

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: 01/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition Name: WEAVER, KYLE D Name: WEAVER, CHARLA R

 Name:
 WEAVER, KYLE D
 Name:
 WEAVER, CHARLA R

 Address:
 5637 ANTOINETTE STREET
 Address:
 7200 HAGEN LANE

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 SARASOTA, FL 34240

Title: P () Delete Title: P (X) Change () Addition Name: WEAVER, TERRANCE Name: WEAVER, TERRANCE R

Address: 165 S. HOULE AVE Address: 7200 HAGEN LANE City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34240

Title: T (X) Delete Title: () Change () Addition

 Name:
 WEAVER, DAVID
 Name:

 Address:
 5637 ANTOINETTE STREET
 Address:

 City-St-Zip:
 SARASOTA, FL 34232 US
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 WEAVER, CHARLA R
 Name:

 Address:
 165 S. HOULE AVE.
 Address:

 City-St-Zip:
 SARASOTA, FL 34232 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLA R. WEAVER VP 01/27/2006