## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 31, 2005 08:00 AM **DOCUMENT # P97000038368 Secretary of State** 1. Entity Name GEORGE BROOKE'S LAWN & LANDSCAPING, INC. Principal Place of Business Mailing Address 6560 64TH AVENUE NORTH 6560 64TH AVENUE NORTH PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 No Chg-P CR2E034 (10/03) 01272005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3442853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **BROOKE, GEORGE B 111** 6560 64TH AVE PINELLAS PARK, FL 33781 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE BROOKE, GEORGE B III NAME unnana204974 6560 64TH AVENUE NORTH STREET ADDRESS 01/31/05-80026-023 150.00 PINELLAS PARK, FL 33781 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP nn e

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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

727 544 2959