


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90025 026 \*\*\*150.00

<b>DOCUMENT # P97000039820</b> 1. Entity Name <b>SUN COUNTRY LAWN SERVICE, INC.</b>					
Principal Place of Business <b>6151 LAURELWOOD DR.</b> <b>FT. MYERS, FL 33905</b> <i>New Address</i>			Mailing Address <b>6151 LAURELWOOD DR.</b> <b>FT. MYERS, FL 33905</b> <i>New Address</i>		
2. Principal Place of Business <b>SUN COUNTRY LAWN SERVICE INC.</b> <b>18831 RIVER ESTATES LN.</b> City & State <b>ALVA FL 33920</b>			3. Mailing Address <b>SUN COUNTRY LAWN SERVICE INC.</b> <b>18831 RIVER ESTATES LN.</b> City & State <b>ALVA FL 33920</b>		
Zip Country		Zip Country		4. FEI Number <b>65-0751556</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>SMART, GERALD G</b> <b>18520 TELEGRAPH CREEK LANE</b> <b>ALVA, FL 33920</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete <b>SMART, ROBERT L</b> <b>6151 LAURELWOOD DR. 18831 River Estates Ln</b> <b>FT. MYERS, FL 33905 Alva FL 33920</b>		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	
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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 another like empowered.					
<b>SIGNATURE: <i>Robert L Smart</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4-4-05</b> Date		<b>239 338-6672</b> Daytime Phone #