

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073778

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: THE LAWN GROOMER OF SW FL, INC.

## Current Principal Place of Business:

142 MADISON DRIVE  
NAPLES, FL 34110

## New Principal Place of Business:

511 27TH STREET NW  
NAPLES, FL 34120

## Current Mailing Address:

142 MADISON DRIVE  
NAPLES, FL 34110

## New Mailing Address:

511 27TH STREET NW  
NAPLES, FL 34120

FEI Number: 59-3469646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCIALDO, SUSAN  
142 MADISON DR  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

SCIALDO, SUSAN  
511 27TH STREET NW  
NAPLES, FL 34120 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: SUSAN SCIALDO

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OLDFIELD, PAUL M  
Address: 511 27TH STREET NW  
City-St-Zip: NAPLES, FL 34120

Title: STD ( ) Delete  
Name: SCIALDO, SUSAN E  
Address: 511 27TH STREET NW  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SUSAN SCIALDO

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date