

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005542

FILED
Jan 14, 2005
Secretary of State

Entity Name: FLORIDA'S FINEST LAWN & PEST CONTROL, INC.

Current Principal Place of Business:

322 MAGUIRE RD
OCOE, FL 34761

New Principal Place of Business:

322 MAGUIRE RD EXT
OCOE, FL 34761

Current Mailing Address:

PO BOX 399
WINDERMERE, FL 34786

New Mailing Address:

322 MAGUIRE RD EXT
OCOE, FL 34761

FEI Number: 59-3486463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, KYLE T
14736 BALTUSROL DR
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

OWENS, KYLE T
17202 COUNTY ROAD 448
MOUNT DORA, FL 32757 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:

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OWENS, KYLE T
Address: 14736 BALTUSROL DR
City-St-Zip: ORLANDO, FL 32828

Title: VTS () Delete
Name: OWENS, JUDY A
Address: 14736 BALTUSROL DR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWENS, KYLE T
Address: 17202 COUNTY ROAD 448
City-St-Zip: MOUNT DORA, FL 32757

Title: VTS (X) Change () Addition
Name: OWENS, JUDY A
Address: 17202 COUNTY ROAD 448
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDY OWENS

VP

01/14/2005

Electronic Signature of Signing Officer or Director

Date