



Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000006237 1. Entity Name MUNRO'S LAWN CARE & LANDSCAPING, INC.				Jan 10, 2005 08:00 AM Secretary of State	
Principal Place of Business MUNRO'S LAWN CARE LANDSCAPING HOMOSASSA, FL 34446		Mailing Address 7039 W GROVER CLEVELAND HOMOSASSA, FL 34446			
DO NOT WRITE IN THIS SPACE					
				01072005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3488338		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNRO, ROBERT D 2450 BASCOMBO AVENUE HOMOSASSA, FL 34448				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees U000000175231 01/10/05-80045-004 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNRO, ROBERT 2450 BASCOMBO AVENUE HOMOSASSA, FL 34448				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMTS MUNRO, MARGARET 2450 BASCOMBO AVENUE HOMOSASSA, FL 34448				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Margaret Munro</i>		1/7/05		352-621-1944	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	