

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009857

FILED
Apr 23, 2005
Secretary of State

Entity Name: HEATHERWOOD LAWN MAINTENANCE, INC.

Current Principal Place of Business:

99 BIRD OF PARADISE DR
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351040
PALM COAST, FL 321351040

New Mailing Address:

FEI Number: 59-3496627 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VASCELLARO, ANN F
99 BIRD OF PARADISE DRIVE
PO BOX 351040
PALM COAST, FL 32135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VASCELLARO, ANN F
Address: P O BOX 351040
City-St-Zip: PALM COAST, FL 32135

Title: VP () Delete
Name: VASCELLANO, JOSEPH JR.
Address: P O BOX 351040
City-St-Zip: PALM COAST, FL 32135

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 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: ANN F VASCELLARO

PRES

04/23/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date