


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90048 015 ***150.00

DOCUMENT # P98000012450	
1. Entity Name 4-STAR LAWN SERVICE, INC.	

Principal Place of Business 18484 NARCISSUS ROAD FT. MYERS, FL 33912	Mailing Address 18484 NARCISSUS ROAD FT. MYERS, FL 33912
--	--

40008537



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

01132005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 65-0815095	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	-----------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent

SOWLE, JOHN D
 18484 NARCISSUS ROAD
 FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____

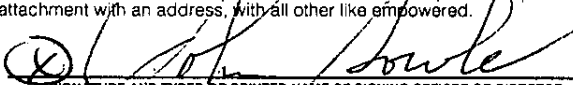
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOULE, JOHN D 18484 NARCISSUS RD FT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOULE, JUDITH 18484 NARCISSUS RD FT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOULE, TIMOTHY 18484 NARCISSUS RD FT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHN SOULE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUDITH SOULE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TIMOTHY SOULE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 (239) 433-4674
 Date Daytime Phone #