

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000039176**

1. Entity Name  
**PROFESSIONAL TOUCH SITE PREP AND  
LANDSCAPING, INC.**



Principal Place of Business  
**611 SE 131 ST  
OCALA, FL 34480 US**

Mailing Address  
**POST OFFICE BOX 1133  
OCALA, FL 34478**



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3511603**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, LINDSEY R  
611 SE 131 ST  
OCALA, FL 34480**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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 **D**  
NAME **DAVIS, LINDSEY R**  
STREET ADDRESS **611 SE 131 ST**  
CITY-ST-ZIP **OCALA, FL 34480**

TITLE  
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CITY-ST-ZIP

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02/01/05-80076-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Lindsey Davis*  
**LINDSEY DAVIS - PRESIDENT**

✓ **2-1-05-352-307-6535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #