2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000044954

1. Entity Name
BEACHCOMBER LAWN CARE, INC.

Principal Place of Business	Mailing Address
125 OCEAN HIBISCUS DR. SAINT AUGUSTINE, FL 32080	125 OCEAN HIBISCUS DR. SAINT AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

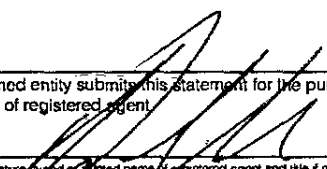01182005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3512348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SELLERS, DAVID
4780 A1A SOUTH
ST. AUGUSTINE, FL 32084

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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 _____   DATE 2/8/05

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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	TP
NAME	SELLERS, DAVID
STREET ADDRESS	125 OCEAN HIBISCUS DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080

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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: _____   Date 2/8/05   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR