## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000055778**

1. Entity Name GLENN HALSTEAD LAWN SERVICE, INC.



FILED Mar 11, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

9125 S.E. MORNING ST. Hobe Sound, FL 33455 9125 S.E. MORNING ST. HOBE SOUND, FL 33455



03032005

No Chg-P

CR2E034 (10/03)

übnerhubin

4. FEI Number 65-0848936 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HALSTEAD, GLENN S 9125 S.E. MORNING ST. HOBE SOUND, FL 33455

## 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 aignature required when rein					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALSTEAD, GLENN S 9125 S.E. MORNING ST. HOBE SOUND, FL 33455				us/17/05/55/55 <sup>4</sup> ois iso.oo
TITLE NAME	D HALSTEAD, BEVERLY J				
STREET ADDRESS City-St-Zip	9125 S.E. MORNING ST. HOBE SOUND, FL 33455				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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)(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 eath; that I am an officer or director					

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 cath; 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

MULTINO STATEMENT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/05 Date (772)545-3673