2006 FOR PROFIT CORPORATION

Jan 31, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000055778 1. Entity Name GLENN HALSTEAD LAWN SERVICE, INC. Principal Place of Business Mailing Address 9125 S.E. MORNING ST. 9125 S.E. MORNING ST. HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 CR2E034 (11/05) 01242008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0848936 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HALSTEAD, GLENN S DO NOT WRITE 9125 S.E. MORNING ST. HOBE SOUND, FL 33455 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 mime of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HALSTEAD, GLENN S NAME STREET ADDRESS 9125 S.E. MORNING ST. CITY-ST-ZIP HOBE SOUND, FL 33455 TITLE U000000411606 NAME HALSTEAD, BEVERLY J 02/10/06-80013-023 150.00 STREET ADDRESS 9125 S.E. MORNING ST. CITY-ST-ZIP HOBE SOUND, FL 33455 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOTAL IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS CITY-SI-ZIP

SISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an 26, 06

FILED