

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000065848**  
 1. Entity Name  
**BRIAN'S BETTER LAWNS & GARDENS, INC.**



Principal Place of Business      Mailing Address  
**12240 ORANGE RIVE BLVD.**      **12240 ORANGE RIVE BLVD.**  
**FORT MYERS, FL 33905**              **FORT MYERS, FL 33905**

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0852400**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MULLOY, GALE L**  
**12240 ORANGE RIVER BLVD.**  
**FORT MYERS, FL 33905**

**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 \_\_\_\_\_ (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**

U00000210836  
 02/02/05-80036-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLOY, PAT 12240 ORANGE RIVER BLVD. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLOY, BRIAN 12240 ORANGE RIVER BLVD. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLOY, GALE 12240 ORANGE RIVER BLVD. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:** Gale L. Mulloy    GALE L. MULLOY    1/30/05    339-693-1347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #