

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024937

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: WILLIAMS LAWN CARE SERVICE, INC.

## Current Principal Place of Business:

16061 COUNTY ROAD 858  
IMMOKALEE, FL 34142

## New Principal Place of Business:

660 1ST STREET SW  
NAPLES, FL 34117

## Current Mailing Address:

16061 COUNTY ROAD 858  
IMMOKALEE, FL 34142

## New Mailing Address:

15275 COLLIER BLVD. #247  
NAPLES, FL 34119

FEI Number: 59-3566110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, JOHN D  
16061 COUNTY ROAD 858  
IMMOKALEE, FL 34142 US

## Name and Address of New Registered Agent:

WILLIAMS, JOHN D  
15275 COLLIER BLVD. #246  
NAPLES, FL 34119 US

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.

SIGNATURE: JOHN WILLIAMS

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: WILLIAMS, JOHN D  
Address: 16061 COUNTRY RD 858  
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete  
Name: WILLIAMS, JOHN D  
Address: 16061 COUNTY ROAD 858  
City-St-Zip: IMMOKALEE, FL 34142

Title: VSTD ( ) Delete  
Name: WILLIAMS, BELYNDA E  
Address: 16061 COUNTRY RD 858  
City-St-Zip: IMMOKALEE, FL 34142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: WILLIAMS, JOHN D  
Address: 660 1ST STREET SW  
City-St-Zip: NAPLES, FL 34117

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JOHN D  
Address: 660 1ST STREET SW  
City-St-Zip: NAPLES, FL 34117

Title: VSTD (X) Change ( ) Addition  
Name: WILLIAMS, BELYNDA E  
Address: 660 1ST STREET SW  
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELYNDA WILLIAMS

SEC.

04/27/2005

Electronic Signature of Signing Officer or Director

Date