

2005 FOR PROFIT CORPORATION ANNUAL REPORT


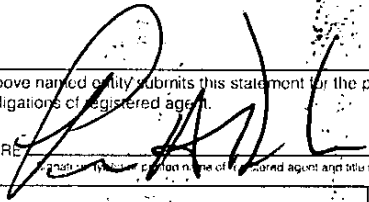
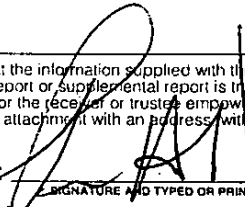
FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90287 001 ***150.00

14017450



05042005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000025635					
1. Entity Name PROFESSIONAL LAWN TECHNICIANS, INC.					
Principal Place of Business 557 YOUNG ST MELBOURNE, FL 32935			Mailing Address 557 YOUNG ST MELBOURNE, FL 32935		
2. Principal Place of Business 548 Alice Dr Suite, Apt. #, etc.		3. Mailing Address 548 Alice Dr Suite, Apt. #, etc.			
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 59-3565147	
Zip 32935	Country USA	Zip 32935	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESEVE, PIERRE A 557 YOUNG ST MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name: Pierre A. Desève Street Address (P.O. Box Number is Not Acceptable): 548 Alice Drive City: Melbourne FL Zip Code: 32935		
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:  Pierre Desève Reg Agent 5/4/05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST DESEVE, PIERRE A 557 YOUNG ST MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Desève Pierre 548 Alice Drive Melbourne FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DESEVE, KATHLEEN W 557 YOUNG ST MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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:  Pierre Desève Pres 5/4/05 863-6187 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5/4/05 Daytime Phone: 863-6187					