2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90194 024 ***150.00

DOCUMENT # P99000031447 1. Entity Name E & B LAWN CARE INC.					Secretary of State 04-26-2006 90194 024 ***150.00					
Principal Place of Business Mailing Address										
1720 MEL O DEE LANE ENGLEWOOD, FL 34224		1720 MEL O DEE LANE Englewood, Fl 34224			1 ST 11 ST 1 ST		rae ovire diou in	8/1 B70(1 B70(1 F8)	TINA N INN	
	lace of Business	3. Mailing Address								
Suite, Apt.	Clark St		1146 Clark St.			Chg-P	CR2E0	34 (11/05)		
City & State Englewood, FL		Englewood, FL			4. FEI Number 65-090				plied For t Applicable	
Zip 34224 Country USA		Zip 3 4 ጊ ጊ 4	Country USA	5. Certificate of Status Desire			Fee Required			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name										
BOTELHO, ERIC					Botelho, Eric ss (P.O. Box Number is Not Acceptable)					
ENGLEWOOD, FL 34224				1146 Clark St						
				City Englewood FL Zip Coge 4224						
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 talls of applicable. (NOTE: Registered Agent signature required when renations) DATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OF	FICERS AND			
TITLE NAME	D BOTELHO, ERIC	Delete	TITLE NAME	Bot	elho, E	ric		▼ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1720 MEL O DEE LANE ENGLEWOOD, FL 34224		STREET ADDRESS CITY - ST - ZIP	1146		K 51	114			
TITLE	D		TITLE	2-7	· · · · · · · · · · · · · · · · · · ·			M Change	Addition	
HAME	BOTELHO, DAWN		NAME	Boto	elho, Pa	wn k st				
STREET ADDRESS CITY-ST-ZIP	1720 MEL O DEE LANE ENGLEWOOD, FL 34224		STREET ADDRESS CITY+ST-ZIP	1146 Eng	élar glewood		4224			
TITLE		☐ Delete	TITLE			,		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						:	
CITY-ST-ZEP			CITY-ST-ZEP							
TITLE		☐ Delete	TITLE		<u> </u>			Change	Addition	
NAME Street address			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZEP	.						
12. I hereby 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										

12. I hereby 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:

ERLI C PROTECTION SIGNING OFFICER OR DIRECTOR

4/20/06

(941)-473-8182