

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90125 033 ***150.00

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03102006 Chg-P CR2E034 (11/05)

DOCUMENT # S14551 1. Entity Name BETTER LAWNS & GARDENS LAWN CARE, INC.					
Principal Place of Business 7667 W. SAMPLE ROAD SUITE 175 CORAL SPRINGS, FL 33065 US			Mailing Address 7667 W. SAMPLE ROAD SUITE 175 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business P.O. Box 670905		3. Mailing Address P.O. Box 670905			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 65-0231073	
Zip 33067		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33067		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREUSCHER, DAVID 7667 W. SAMPLE ROAD SUITE 175 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name KREUSCHER, DAVID Street Address (P.O. Box Number is Not Acceptable) 6438 NW 56TH STREET City CORAL SPRINGS FL Zip Code 33067	
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 DAVID KREUSCHER PRESIDENT 3/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KREUSCHER, DAVID 7667 W. SAMPLE ROAD, SUITE 175 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6438 NW 56TH ST CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KREUSCHER, DAVID 7667 N. SAMPLE ROAD SUITE 175 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6438 NW 56TH ST CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DAVID KREUSCHER PRESIDENT 3/23/06 263-9479 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					