## **FILED** Feb 24, 2006 08:00 AM 2006 FOR PROFIT CORPORATION ANNUAL REPORT **Secretary of State** DOCUMENT # V30272 1. Entity Name ROBINSON'S LAWN CARE INC. \_ Mailing Address Principal Place of Business 406 WILDWOOD DR. 406 WILDWOOD DR. EDGEWATER, FL 32132 EDGEWATER, FL 32132 02082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3118848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINSON, MARTIN T. DO NOT WRITE 3408 JUNIPER DRIVE EDGEWATER, FL 32141 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. (am familiar with, and accept the obligations of registered agent. (NO (E. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 1\$ \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be U000004467**89** 03/08/05-80027-002 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST SITE ROBINSON, MARTIN T NAME 3408 JUNIPER DR STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL NAME STREET ADDRESS CUTY-SI-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-ZiP TITLE NAME SIREET ADDRESS CRY-ST-ZIP TITLE NAML STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 tegal 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 chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: