


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V35321</b> 1. Entity Name <b>DAWSON LAWN SERVICE, INC.</b>	
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Principal Place of Business <b>14798 TWISTED TREE TRAIL PALM BCH. GARDENS, FL 33418</b>	Mailing Address <b>14798 TWISTED TREE TRAIL PALM BCH. GARDENS, FL 33418</b>
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**DO NOT WRITE IN THIS SPACE**



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAWSON, ROBERT P.  
14798 TWISTED TREE TRAIL  
PALM BCH. GARDENS, FL 33418**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	0000000302268 04/13/05-80064-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAWSON, ROBERT P. 14798 TWISTED TREE TRAIL PALM BCH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAWSON, MAUREEN 14798 TWISTED TREE TRAIL PALM BCH GARDENS, FL
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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:** *Robert P. Dawson* **VICE PRESIDENT** **4-10-05** **(561) 627-4379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #