2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # G50213 1. Entity Name 03-22-2004 90088 012 ***150 00 BETTER LAWNS, INC. Principal Place of Business Mailing Address P O BOX 8775 P O BOX 8775 24027039 CORAL SPRINGS FL 33075 CORAL SPRINGS FL 33075 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2309999 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGLETON, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2305 NE 50 ST. LIGHTHOUSE POINT FL 33064 City Zip Code 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees-Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE ☐ Change SINGLETON, STEVEN NAME NAME STREET ADDRESS 2305 NE 50 ST. STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change DITLE Addition TIDE SINGLETON, ANGELA NAME NAME 2305 NE 50 ST. STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP -CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete DUF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 outly; 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.

FILED

SIGNATURE: Steven Singleton 3/10/04 954-421-4411
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN Singleton 3/10/04 954-421-4411
Date Daylimo Phone #