

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # K79792 1. Entity Name BLOOMINGDALE LAND CARE, INC.	
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Principal Place of Business 211 KARPPE RD PLANT CITY, FL 33567 US	Mailing Address 211 KARPPE RD PLANT CITY, FL 33567 US
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DO NOT WRITE IN THIS SPACE



07102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0115276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, MICHAEL E
211 KARPPE RD
PLANT CITY, FL 33567

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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 _____
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
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, MICHAEL E 211 KARPPE RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/26/04-80009-006 150.00

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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)(c), 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: *Michael E Clayton* MICHAEL E. CLAYTON **7-20-04 (813) 650-0849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *