

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017837

Entity Name: MIKE GAST LAWN CARE, INC.

FILED
Jun 30, 2004
Secretary of State

Current Principal Place of Business:

6971 PROCTOR RD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

6971 PROCTOR RD
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-0991809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAST, MICHAEL B
6971 PROCTOR RD
SARASOTA, FL 34241

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAST, MICHAEL B
Address: 6971 PROCTOR RD
City-St-Zip: SARASOTA, FL 34241

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GAST, MICHAEL B PRESIDE
Address: 6971 PROCTOR RD
City-St-Zip: SARASOTA, FL 34241

Title: O () Change (X) Addition
Name: GAST, TRACEY A TRES.
Address: 6971 PROCTOR RD.
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL B. GAST

PRES

06/30/2004

Electronic Signature of Signing Officer or Director

Date