

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90046 017 ***150.00

DOCUMENT # P00000078583

1. Entity Name
ADVANCED LAWN & PEST CONTROL, INC.



Principal Place of Business

10156 BRYANT RD
LITHIA, FL 33547

Mailing Address

10156 BRYANT RD
LITHIA, FL 33547

04000004



01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3663278

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIPES, MARCEY E CPA
16936 FALCONRIDGE RD
LITHIA, FL 33547

7. Name and Address of New Registered Agent

Name **M. WEBSTER PIERCE**

Street Address (P.O. Box Number is Not Acceptable)

203 S. PARSONS AVE.

City **BRANDON**

FL

Zip Code
33511

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 **M. Webster Pierce** **M. WEBSTER PIERCE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-6-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WENDLING, JERID T**
STREET ADDRESS **10156 BRYANT RD**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **WENDLING, PAULA**
STREET ADDRESS **10156 BRYANT RD**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X **2/5/04** **8136258PB1**

Daytime Phone #