2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2004 8:00 am Secretary of State DOCUMENT # P02000012934 02-17-2004 90046 035 ***150.00 LAWN TECHS PROFESSIONAL GROUND MAINTENANCE, INC. Principal Place of Business Mailing Address 9841 ALVERNON DRIVE 9841 ALVERNON DRIVE NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 2. Principal Place of Business 3. Mailing Address 2113 Larkspur Ct 2113 Larkspur Suite, Apt. #, etc. Suite, Apt. #, etc. 02102004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 17 Vini h Trinitu 04-3600716 Not Applicable Country \$8.75 Additional •5:=Gertificate of Status Desired ==== [=] Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANIZIO, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 9841 ALVERNON DRIVE arkspur NEW PORT RICHEY, FL 34655 340°55 Irinita 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 altert. 2-10-04 LOBIT CANIZIO SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE Change ☐ Addition CANIZIO, ROBERT A NAME NAME 2113 Larkspur CT STREET ADDRESS 9841 ALVERNON DRIVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME CANIZIO, MICHAEL A 2311 CLUBSIDE COURT, APT, 1523 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change __ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 arthress, with all other like empowered. 125/ B34-9714 SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER O

FILED