


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000133216  
1. Entity Name  
J & S LAWN SERVICE OF CORAL SPRINGS, INC.



Principal Place of Business 244 NW 84 WAY CORAL SPRINGS, FL 33071	Mailing Address 244 NW 84 WAY CORAL SPRINGS, FL 33071
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**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0658413	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  
WEDGWOOD, SCOTT R  
244 NW 84 WAY  
CORAL SPRINGS, FL 33071

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reelecting)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDGWOOD, SCOTT R 244 NW 84 WAY CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDGWOOD, KAREN 244 NW 84 WAY CORAL SPRINGS, FL 33071
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04/27/04-80104-020 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* 4/15/04 954 752-7288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #