

**2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90049 021 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000092430</b>			
1. Entity Name <b>BETTER LAWN CARE AND LANDSCAPE, INC.</b>			
Principal Place of Business 3106 RIVERGROVE DRIVE TAMPA FL 33610		Mailing Address 3106 RIVERGROVE DRIVE TAMPA FL 33610	
2. Principal Place of Business <i>3106 Rivergrove Dr</i>		3. Mailing Address <i>3106 Rivergrove Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tampa, Fla.</i>		City & State <i>Tampa, Fla.</i>	
Zip <i>33610 Hillsborough</i>		Zip <i>33610 Hillsborough</i>	
4. FEI Number <i>59-2791454</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RANDALL, ARTHUR L 3106 RIVERGROVE DRIVE TAMPA FL 33610</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Arthur L. Randall</i> <b>PRESIDENT</b> <i>Arthur L. Randall</i> <b>3-3-04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RANDALL, ARTHUR L 3106 RIVERGROVE DRIVE TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RANDALL, LINDA Y 3106 RIVERGROVE DRIVE TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, REGGIE 3106 RIVERGROVE DRIVE TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 IKG empowered. SIGNATURE: <i>Arthur L. Randall</i> <b>Arthur L. Randall</b> <b>3-3-04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			