

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90098 008 \*\*\*150.00

**DOCUMENT # P03000146685**  
 1. Entity Name  
**SUNSET LAWN CARE, INC.**



Principal Place of Business: 1752 BIRCHWOOD ROAD, JACKSONVILLE BEACH, FL 32250  
 Mailing Address: 1752 BIRCHWOOD ROAD, JACKSONVILLE BEACH, FL 32250

**54060543**



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

07062004 Chg-P CR2E034 (10/03)

4. FEI Number: **51-0491071**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **ROBERSON, MICHAEL, 1752 BIRCHWOOD ROAD, JACKSONVILLE BEACH, FL 32250**  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |
|---|---|--|--|
| TITLE: P <input type="checkbox"/> Delete  | NAME: ROBERSON, DAVID<br>STREET ADDRESS: 1752 BIRCHWOOD ROAD<br>CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250   | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: VP <input type="checkbox"/> Delete | NAME: ROBERSON, MICHAEL<br>STREET ADDRESS: 1752 BIRCHWOOD ROAD<br>CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: S <input type="checkbox"/> Delete  | NAME: ROBERSON, JUDY<br>STREET ADDRESS: 1752 BIRCHWOOD ROAD<br>CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250    | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: <input type="checkbox"/> Delete    |   | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: <input type="checkbox"/> Delete    |   | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: <input type="checkbox"/> Delete    |   | TITLE: <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 like empowered.

SIGNATURE: *Judy Roberson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **7/6/04**  
 Daytime Phone #: **904-273-8066**