


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000041229
 1. Entity Name
LAVINE LANDSCAPE MAINTENANCE, INC.



Principal Place of Business
 14835 49TH ST N
 CLEARWATER FL 22762
 US

Mailing Address
 1466 LACONIA DR
 CLEARWATER FL 33764
 US

2. Principal Place of Business
 Suite, Apt. #, etc

3. Mailing Address
 Suite, Apt. #, etc

City & State
 City & State

Zip
 Country

Zip
 Country



MOORE CR2E034 (11/03)

4. FEI Number **59-3200465** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAVINE, CHRISTINE A
1466 LACONIA DR
CLEARWATER FL 34624

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP | D LAVINE, CHRISTINE A 1466 LACONIA DR CLEARWATER FL 34624 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000022452 01/30/04-80045-011 150.00 |
| 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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Christine Lavine **CHRISTINE LAVINE** 1/23/04 727 492 3857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #