

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044020

FILED
Feb 06, 2004
Secretary of State

Entity Name: BAYSIDE LAWN CARE, INC.

Current Principal Place of Business:

3350 BAY ST.
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

3350 BAY ST.
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0922077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YODER, JOHN A
3350 BAY ST.
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

YODER, AARON J
3350 BAY ST.
SARASOTA, FL 34237 US

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.

SIGNATURE: AARON J. YODER

02/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YODER, JOHN A
Address: 3350 BAY ST.
City-St-Zip: SARASOTA, FL 34237

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: YODER, AARON J
Address: 3350 BAY STREET
City-St-Zip: SARASOTA, FL 34237 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON J. YODER

PRES

02/06/2004

Electronic Signature of Signing Officer or Director

Date