2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# G42854

Entity Name: GENERAL LAWN CARE, INC.

Current Principal Place of Business:

% ROBERT EDWARD CARLIN
POST OFFICE BOX 1155
ENGLEWOOD, FL 34295

New Principal Place of Business:

Current Mailing Address:

% ROBERT EDWARD CARLIN
POST OFFICE BOX 1155
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 59-2319536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLIN, ROBERT EDWARD
751 BUCKSKIN CT
ENGLEWOOD, FL 34295

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARLIN, ROBERT E,
Address: 751 BUCKSKIN CT
City-St-Zip: ENGLEWOOD, FL 00000,

Title: ST ( ) Delete
Name: CARLIN, ELAINE
Address: 751 BUCKSKIN CT.
City-St-Zip: ENGLEWOOD, FL

Title: V ( ) Delete
Name: BLAKE, CARLIN
Address: 751 BUCKSKIN CT.
City-St-Zip: ENGLEWOOD, FL

Title: VP ( ) Delete
Name: SCHORBERT, WAYNE
Address: 1665 MEADOWWORK LN.
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP ( ) Delete
Name: BOUTHILER, SCOTT
Address: 1801 BANNING RD.
City-St-Zip: DAWSON, PA 15428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT E. CARLIN P 04/08/2004
Electronic Signature of Signing Officer or Director — Date