

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V29043

FILED  
Oct 22, 2004  
Secretary of State

**Entity Name:** A PERSONAL TOUCH LAWN SERVICE, INC.

**Current Principal Place of Business:**

311 25TH ST SW  
NAPLES, FL 34117 US

**New Principal Place of Business:**

3409 JAMIAS WOOD WAY  
TAMPA, FL 33618 US

**Current Mailing Address:**

PO BOX 990219  
NAPLES, FL 34116 US

**New Mailing Address:**

PO BOX 341917  
TAMPA, FL 336941917 US

**FEI Number:** 65-0316168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEZAN, NICK  
311 25TH ST SW  
NAPLES, FL 34117 US

**Name and Address of New Registered Agent:**

PEZAN, NICK  
3409 JAMIAS WOOD WAY  
TAMPA, FL 33618 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: NICK PEZAN

10/22/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PEZAN, NICK,  
Address: 311 25TH ST SW  
City-St-Zip: NAPLES, FL 34117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PEZAN, NICK,  
Address: 3409 JAMIAS WOOD WAY  
City-St-Zip: TAMPA, FL 33618

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: NICK PEZAN

D

10/22/2004

Electronic Signature of Signing Officer or Director

Date