2004 FOR PROFIT CORPORATION

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FILED ANNUAL REPORT (AR) Feb 10, 2004 8:00 am **Secretary of State DOCUMENT # 391763** 1. Entity Name 02-10-2004 90030 048 ***150.00 LAWN SERVICE AMERICA, INC. Principal Place of Business Mailing Address 3860 NE 22 TERRACE 3860 NE 22 TERRACE 94013000 **LIGHTHOUSE POINT FL 33064** LIGHTHOUSE POINT FL.33064 2. Principal Place of Business 3. Mailing Address 1205 SW 20 1205 SW 20 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For 59-1407818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, ROGER Street Address (F 3860 NE 22 TERRACE LIGHTHOUSE POINT FL 33064 8. The above named entity submits this state of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptthe obligations of registered ages SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD PD Change Addition TITLE ☐ Delete TITLE HARRIS, Roger. 1205 SW 20 Are HARRIS, ROGER NAME NAME 3880 NE 22 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE FL 33064 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 7(7) F ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 sonature 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 effect like empowered.