


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 524332

1. Entity Name
LENNON GROVE AND SPREADER SERVICE, INCORPORATED



Principal Place of Business 2701 DEAN RIDGE RD ORLANDO, FL 32825 US	Mailing Address 2701 DEAN RIDGE RD ORLANDO, FL 32825 US
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1737147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOEQUIST, CHARLES E.
 1400 FAIRBANKS AVE.
 WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENNON, WILLIAM M JR 2701 DEAN RIDGE RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENNON, WILLIAM M SR 2727 DEAN RIDGE RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENNON, KIMBERLY K 2701 DEAN RIDGE RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CHRISTOPHER F 13281 KIRBY SMITH RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11/20/04-80067-012 150.00

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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 _____ **1-16-04 407-384-1411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #