

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 568398

1. Entity Name
**GOLDEN PALM LANDSCAPING AND LAWN
MAINTENANCE, INC.**



Principal Place of Business

9454 S.W. 108 ST.
MIAMI, FL 33176

Mailing Address

9454 S.W. 108 ST.
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1816541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GRUBBS, WILLIAM F.
9454 S.W. 108 STREET
MIAMI, FL 33176

**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 _____

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when nonattesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRUBBS, WILLIAM F
STREET ADDRESS	9454 SW 108TH ST
CITY - ST - ZIP	MIAMI, FL
TITLE	ST
NAME	GRUBBS, SANDRA B.
STREET ADDRESS	9454 SW 108 ST
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000101405
04/02/04-80012-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Wm. F. Grubbs William F. Grubbs 3/30/2004 (705) 595-2612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #