

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655355

**FILED
Feb 07, 2004
Secretary of State**

Entity Name: CUSTOM LAWN SERVICE, INC.

Current Principal Place of Business:

314 N.E. 3RD ST.
BOYNTON BEACH, FL 334350847

New Principal Place of Business:

Current Mailing Address:

314 N.E. 3RD ST.
BOYNTON BEACH, FL 334350847

New Mailing Address:

FEI Number: 59-2380947 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KASSAL, MARK JOHN
6845 HOULTON CIRCLE
LAKE WORTH, FL 33467 US

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: PD () Delete
Name: KASSAL, MARK JOHN,
Address: 6845 HOULTON CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: STD () Delete
Name: KASSAL,DELORES VIRGI, NIA
Address: 953 BANYAN DR.
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK KASSAL

PD

02/07/2004

Electronic Signature of Signing Officer or Director

_____ Date