

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90266 045 ***150.00

DOCUMENT # F99000005129

1. Entity Name

NK LAWN & GARDEN CO.



Principal Place of Business

3701 AMNICOLA
CHATTANOOGA TN 37406

Mailing Address

PO BOX 24028
CHATTANOOGA TN 37422

54043206



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3593975

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete
NAME STREBER, STEVE J
STREET ADDRESS 6072 SHALLOWFORD ROAD
CITY-ST-ZIP CHATTANOOGA TN 37421

TITLE Director ☐ Change ☒ Addition
NAME Kurt Bergquist
STREET ADDRESS 10 East 53rd St 32nd Floor
CITY-ST-ZIP New York, NY 10022

TITLE D ☐ Delete
NAME FOX, KEITH
STREET ADDRESS 10X53RD ST, 32ND FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DOWNS, TOM
STREET ADDRESS 6072 SHALLOWFORD RD
CITY-ST-ZIP CHATTANOOGA TN 37421

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCHREIBER, PETER
STREET ADDRESS 1629 LOCUST STREET
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCHRIEBER, RICHARD
STREET ADDRESS 1629 LOCUST STREET
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME O'MARA, JOHN
STREET ADDRESS 399 PARK AVENUE, 14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Streber

Date

2/18/04

Daytime Phone #

4236978000