

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90054 016 \*\*\*150.00

**DOCUMENT # G72043**

1. Entity Name

SPRING HILL MOWERS, INC.



Principal Place of Business

% PHILIP FERRARA  
3470 DELTONA BLVD.  
SPRING HILL FL 34606

Mailing Address

% PHILIP FERRARA  
3470 DELTONA BLVD.  
SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2366493**

Applied For  
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRARA, PHILIP  
3470 DELTONA BLVD.  
SPRING HILL FL 34606

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

*Philip P. Ferrara*  
Signature, typed or printed name of registered agent and title if applicable.

*Philip P. Ferrara*  
(NOTE: Registered Agent signature required when reinstating)

*4-23-04*  
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 P ☐ Delete  
NAME FERRARA, PHILIP PDP6159  
STREET ADDRESS 6159 AIRMONT DR.  
CITY-ST-ZIP SPRING HILL FL

TITLE ☒ Change ☐ Addition  
NAME *417 Royal Palm Way*  
STREET ADDRESS *SPRING Hill, FL 34608*  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME FERRARA, ARLENE T.  
STREET ADDRESS 6159 AIRMONT DR.  
CITY-ST-ZIP SPRING HILL FL

TITLE ☒ Change ☐ Addition  
NAME *417 Royal Palm Way*  
STREET ADDRESS *SPRING Hill, FL 34608*  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME FERRARA, PHILIP C.  
STREET ADDRESS 10464 CRANSTON STREET  
CITY-ST-ZIP SPRING HILL FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

*Arlene T. Ferrara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ARLENE T. FERRARA*  
Date

*4/23/04 683-3500*  
Daytime Phone #