


2004 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED

Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # H05715 1. Entity Name W.T.'S LAWN & POOL SERVICE, INC.	
---	---

Principal Place of Business SCHENDEN R. SCHENDEN 6379 BAY CLUB DRIVE APT #1 BLDG #11 FORT LAUDERDALE FL 33308	Mailing Address C/O WILLIAM R. SCHENDEN 6379 BAY CLUB DRIVE APT #1 BLDG #11 FORT LAUDERDALE FL 33308
--	---

2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip
---	---

Same as ABOVE



MOORE CR2E034 (11/03)

4. FEI Number 59-2424875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHENDEN, WILLIAM R. 6379 BAY CLUB DR APT 1 BLDG 11 FORT LAUDERDALE FL 33308	
7. Name and Address of New Registered Agent 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 William R. Schenden DATE 2/15/04

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

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHENDEN, WILLIAM R. 6379 BAY CLUB DRIVE APT #11 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000055935 02/18/04-80024-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENDEN, TIM 7353 NW 45TH AVE COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHENDEN, WILLIAM T 1342 SW 11TH ST BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William R. Schenden 2/15/04 954 938-2007