

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # H55419 1. Entity Name BUD'S LAND WORK, INC.		
Principal Place of Business 36521 MILL CREEK RD EUSTIS, FL 32736		Mailing Address P.O. BOX 1442 MOUNT DORA, FL 32756
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRANTHAM, ROBERT O., JR. 36521 MILL CREEK RD MOUNT DORA, FL 32756		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 reinstating) DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRANTHAM, ROBERT O., JR. P.O. BOX 1442 MOUNT DORA, FL 32756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRANTHAM, SHIRLEY L. P.O. BOX 1442 MOUNT DORA, FL 32756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANTHAM, ROBERT O III P O BOX 576 EUSTIS, FL 327360576	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <i>Shirley L. Grantham, VP/Sa.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>6/3/04 352-482-2224</i> Date Daytime Phone #



03262003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2539830 Applied For
Not Applicable

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

U00000162243
06/07/04-80005-002 150.00

**DO NOT WRITE
IN THIS SPACE**