2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

AL'S LAWMOWER SALES & SERVICE, INC. Principal Place of Business C/O RICHARD MASSO 1815 S.W 98 NAFPUR RIAD 1813 S.W 98 NAFPUR RIAD 1814 S. 2004 Fee with 8 SESSOO 1815 RIAD RIAD RIAD RIAD RIAD RIAD RIAD RIAD	DOCUMENT # J32941 1. Entity Name					Jan 27, 2004 08:00 AM Secretary of State				
C/O RICHARD MASSO INTERIOR STATE OF THE ROLL OF THE STATE	AL'S LAWNMOWER SALES & SERVICE, INC.					3		·		
C/O RICHARD MASSO INTERIOR STATE OF THE ROLL OF THE STATE	Principal Plac	e of Business	Mailing Address	Cal a Variety	Application of the	7,7				
Suite Apt #, size Suite Apt #, etc Suite Apt #, etc MOORE CR2E034 (11/03) Applied For Not Applied Applied For Not Applied Applied For Not Applied Not Applied For Not Applied Applied For Not Applied Applied For Not Applied Not Applied For Not Applied For Not Applied For Not Applied Applied For Not Applied Applied For Not A	18131 S.W.	98 AVENUE ROAD	. C/O RÍCHARD MAS 18131 S.W. 98 AVE	SO NUE ROAI	D	Aug.	٠,			
Suite Apt #, size Suite Apt #, size City & State S. Centificate of Status Desired Sec. 2727926 Nox Applicable Nox Applicable Sec. 2727926 Nox Applicable Sec. 1 State Sec. 2727926 Nox Applicable Sec. 1 State State State State State Sec. 1 State										
Coly & State Coly & State Country Co	2. Principal P	lace of Business	3. Mailing Address							
September Sept	Suite, Apt.	#, etc	Suite, Apt #, etc					MOORE CR28	E034 (11/03)	
Country Country Country St. Cartificate of Status Desired \$8,75 Additional Fee People	City & State		City & State				4. F	FEI Number 59-2727926		
MASSO, RICHARD 18131 S.W. 98 AVENUE ROAD MIAMI FL 33157 City FL Zp Code City FL Zp Code City FL Zp Code Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code City FL Zp Code Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered offices or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered offices or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Florida pending Financing FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INSTITUTE DIST DISTONMENT OF THE PROPERTY OF THE PROP	Zıp	Country	Zip	Coun	Country		5. (Certificate of Status Desired	\$8.75 Ad	ditional
MASSO, RICHARD 18131 S.W. 98 AVENUE ROAD MIAM FL 33157 City City FL Zp Code 2. 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 acceptable of the state of Florida in the State of Florida. I am familiar with, and acceptable of the state of Florida in the State of Florida. I am familiar with, and acceptable of the state of Florida in the State of Florida. I am familiar with, and acceptable of the state of Florida in the State of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am familiar with, and acceptable of Florida in the State of Florida. I am fam	6. Name and Address of Current Registered Agent					3	7. 1	Name and Address of New Registe		
Steel Address (P.O. Box Number is Not Acceptable)			•		Name				- -	
E. The above named entity automits this statement for the purpose of changing is registered agent, or both, in the State of Fronta. It am familiar with, and accept the obligations of registered agent. SIGNATURE SPENDATURE Septiment frost or greated agent age	18131 S.W. 98 AVENUE ROAD				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	,,,,,	= 0=121								
SIGNATURE					City			·	FL Zip Cod	le
Springer, revoid or printed range of ringestand agent and filled in part of the section of the	8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing	its registeri	ed office or re	gistere	ed ag	pent, or both, in the State of Florida.	l am familiar with	, and acce _t
Springer, revoid or printed range of ringestand agent and filled in part of the section of the	SIGNATURE .									
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS DITLE DST MAKE MASSO, JOYCE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP MASSO, BICHARD MASSO, BICHARD MASSO, BICHARD MASSO, BICHARD MASSO, BISH SAVE. Delete MASSO, ALPHONSE MASSO, ALPHONSE STREET ADDRESS CITY-ST-2IP MIAMI FL Delete MASSO, ALPHONSE MASSO, ALPHONSE MASSO, ALPHONSE MASSO, ALPHONSE MASSO, ALPHONSE MASSO, MICHARD MASSO, MICHARD MASSO, ALPHONSE MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, ALPHONSE MASSO, ALPHONSE MASSO, ALPHONSE MASSO, ALPHONSE MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, ALPHONSE MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, MICHARD MASSO, ALPHONSE MASSO, MICHARD MASS		Signature, typed or printed name of registered agent	and fille if applicable. (N	OTE Registere	d Agent signature r	edriteq	when re	oinstating) (ATE	
THE NAME NAME NAME NAME NAME NAME NAME NAM	Afte	May 1, 2004 Fee will be \$550.00	f State				,			
TILE NAME		······		11.			ΑĐ	I DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	 SIN 11
STREET ADDRESS 15501 S.W. 88 AVE. STREET ADDRESS 01/27/04-80013-025 150.00	NTLE			BILE						
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITL								H0000014613	- :	
MASSO, RICHARD STREET ADDRESS CITY-ST-ZP MIAM! FL Change AASSO, ALPHONSE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET A		}					01/27/04-80013-025 150.		0 25 150.0 0)
STREET ADDRESS CITY-ST-ZPP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		- Delete		1					☐ Change	Addition
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					Į.					
NAME SIRRET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS					l l					
MASSO, ALPHONSE SIRECT ADDRESS CITY-SI-ZIP TITLE TITLE MAME STRECT ADDRESS CITY-SI-ZIP TITLE MAME STRECT ADDRESS STRECT ADDRESS CITY-SI-ZIP TITLE MAME STRECT ADDRESS	TETLE	V	☐ Delete	BTLE	E				Change	∏ Addisi
CITY-ST-ZIP MIAM! FL	NAME	MASSO, ALPHONSE		NAM	E					
THILE MAME STREET ADDRESS CITY-ST-ZIP THE MAME STREET ADDRESS				3						
NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS		MIAMI FL								· <u></u> - ·
STREET ADDRESS CITY-ST-ZIP Delete Diff.E NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE NAME STREET ADDRESS			☐ Delete							∐ Additio
Delete			x		4					
NAME STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP CRY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CHY	-ST-21P					
STREET ADDRESS CITY-ST-ZIP CIT			☐ Delete	3		_			☐ Change	☐ Addito
CITY-ST-ZIP TITLE Delate BILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS				3	3					
TITLE TITLE TITLE Change A45555 NAME STREET ADDRESS TITLE STREET ADDRESS				•						
NAME STREET ADDRESS STREET ADDRESS			☐ Delete			-			 ∏ Channe	□ Asistii
			<u> </u>	3					cnunge	□
CHY-51-ZIP CHY-51-ZIP				•						
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes, Hurther certify that the information		nostić skog klad klad jedanostvo za 1900	Poin Cinn do C				- 1.	AND OTHER PROPERTY.		

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 reporter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 13 changed, or on an attachment with an address with all other like empowered

SIGNATURE:

LK HUND JAUCE TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Cate Casting Prop

FILED