


2004 FOR PROBIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # K29296			
1. Entry Name A. B. C. LAWN EQUIPMENT, INC.			
Principal Place of Business 2716 SKYLINE BLVD CAPE CORAL FL 33914		Mailing Address 2716 SKYLINE BLVD CAPE CORAL FL 33914	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0070038		<input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
HARNEY, RITA A. 2310 S.E. 8TH AVENUE CAPE CORAL FL 33904		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 _____ (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	P	TITLE	000000068341
NAME	HARNEY, WILLIAM	NAME	02/27/04-80037-013 150.00
STREET ADDRESS	2310 S.E. 8TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	HARNEY, RITA A.	NAME	
STREET ADDRESS	2310 S.E. 8TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Rita Harney* **Rita Harney** *2/24/04* **239 574-5296**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #