2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69043

FILED Feb 18, 2004 Secretary of State

Entity Name: CONTEMPORARY LAWN MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

11391 N.W. 37 ST 8544 HORSESHOE AVE. SUNRISE, FL 33323 US PALM BAY, FL 32909 US

Current Mailing Address: New Mailing Address:

11391 N.W. 37 ST 8544 HORSESHOE AVE. SUNRISE, FL 33323 US PALM BAY, FL 32909 US

FEI Number: 65-0117263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENSEN, THOMAS P
11391 NE 37 ST
SUNRISE, FL 33322 US

JENSEN, THOMAS P
8544 HORSESHOE AVE.
PALM BAY, FL 32909 US

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.

SIGNATURE: THOMAS P JENSEN 02/18/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DPT () DeleteTitle:DPT (X) Change () AdditionName:JENSEN, THOMAS PName:JENSEN, THOMAS PAddress:11391 NW 37 STAddress:8544 HORSESHOE AVE.

 Address:
 11391 NW 37 ST
 Address:
 8544 HORSESHOE AVE.

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:
 PALM BAY, FL 32909

Title: SV () Delete Title: S (X) Change () Addition Name: JENSEN. PAUL Name: JENSEN. PAUL

 Name:
 JENSEN, PAUL

 Address:
 11941 NW 31 ST

 City-St-Zip:
 SUNRISE, FL

 City-St-Zip:
 SUNRISE, FL

Name:

JENSEN, PAUL

Address:

11941 NW 31 ST

City-St-Zip:

SUNRISE, FL 33323

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 JENSEN, CHOÏ YUET

 Address:
 Address:
 8544 HORSESHOE AVE.

 City-St-Zip:
 City-St-Zip:
 PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P JENSEN DPT 02/18/2004