

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90003 027 ***158.75

DOCUMENT # L00758

1. Entity Name
LUIS CINTRON'S LAWN SERVICE, INC.



Principal Place of Business
% LUIS CINTRON
11886 52ND RD N
WEST PALM BEACH, FL 33411

Mailing Address
% LUIS CINTRON
11886 52ND RD N
WEST PALM BEACH, FL 33411



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0128242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CINTRON, LUIS
11886 52ND RD N
WEST PALM BEACH, FL 33411-9039

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CINTRON, LUIS
STREET ADDRESS	11886 52ND RD N
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411-9039
TITLE	D
NAME	CINTRON, PAMELA G.
STREET ADDRESS	11886 52ND RD N
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411-9039
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Pamela G. Cintron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04
Date

561-722-1945
Daytime Phone #