2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# L38153

Entity Name: CIRCLE T TOTAL LAWN CARE, INC.

Current Principal Place of Business:

6140 IRLO BRONSON HIGHWAY
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

6140 IRLO BRONSON HIGHWAY
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-2983213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARMUS, JAMES W.
201 E PINE ST
STE 550
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

TUMBLESON, SUSAN
6140 E. IRLO BRONSON HWY
ST. CLOUD,, FL 34771

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: SUSAN D.TUMBLESON 04/17/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TUMBLESON, STEVEN,
Address: 6140 IRLO BRONSON HIGHWAY
City-St-Zip: ST. CLOUD, FL 34771

Title: D ( ) Delete
Name: TUMBLESON, MARY,
Address: 6140 IRLO BRONSON HIGHWAY
City-St-Zip: ST. CLOUD, FL 34771

Title: T ( ) Delete
Name: WARMUS, JAMES W
Address: 201 E. PINE STREET, STE 550
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: TUMBLESON, SUSAN D
Address: 6140 E. IRLO BRONSON HWY.
City-St-Zip: ST. CLOUD, FL 34771

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: MARY P. TUMBLESON D 04/17/2004
Electronic Signature of Signing Officer or Director Date