

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L55570

1. Entity Name
A & M GROUNDSKEEPERS, INC.



Principal Place of Business
P O BOX 380924
MURDOCK, FL 33938-7924

Mailing Address
P O BOX 380924
MURDOCK, FL 33938-7924

FILED
Jul 12, 2004 08:00 AM
Secretary of State



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0182937 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHN P. IZZO & ASSOCIATES
180 N INDIANA AVE.
STE #5
ENGLEWOOD, FL FL342-23

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME PUSZKAR MARIANN
STREET ADDRESS 6242 TROPICAIRE BLVD
CITY-ST-ZIP NORTH PORT, FL

TITLE D
NAME PUSZKAR ANDREW
STREET ADDRESS 6242 TROPICAIRE BLVD
CITY-ST-ZIP NORTH PORT, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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07/12/04-80012-008 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-04 941-423-2934