2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: MAKE

## Jan 28, 2004-08:00 AM DOCUMENT # L66017 **Secretary of State** 1. Entity Name KAUFFMAN LAWN SERVICE, INC. Mailing Address Principal Place of Business % LLOYD E. KAUFFMAN 818 S E 34TH TERRACE OCALA FL 34471 US % LLOYD E. KAUFFMAN 818 S E 34TH TERRACE OCALA FL 34471 US 2. Principal Place of Business Mailing Address Suite Apr # etc Suite Apt # etc MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-3001870 Not Applicable \$8.75 Additional Zio Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAUFFMAN, LLOYD E. Street Address (P.O. Box Number is Not Acceptable) 818 S.E. 34TH TERRACE OCALA FL 32671 Zip Code City 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 tide 4 applicable (NOTE Registered Agent signature required when roinstating) 2740 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TELLE ☐ Change ☐ Addition U00000019092 KAUFFMAN, LLOYD E. NAME MARKE 01/28/04-80150-005 150.00 818 SE 34TH TERR STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CRTY-ST-ZKP OCALA FL Change Addition TITLE Delete BUE KAUFFMAN, MARY B. NAME NAME STREET ADDRESS 818 SE 34TH TERR STREET ADDRESS (33Y - S3 - Z)P CITY-ST-ZIP OCALA FL TITLE Change ☐ Addition TITLE ☐ Delele NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THILE Defete TITLE NAME MANAGE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP Change | Addition ☐ Delete TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CHY-57-78P 12. I hereby certify that the information supplied with this filling 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. MARY B. KAUFFMAN

**FILED** 

REAS 1-25-04 352-694-25.