

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # M73899 1. Entity Name A M LAWNSCAPING, INC.					
Principal Place of Business 1934 PICCADILLY CIR CAPE CORAL, FL 33991 US			Mailing Address % A ACCOUNTING GROUP INC 2407 E MALL DR FT MYERS, FL 33901 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0048641	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MASON, RICHARD 1934 PICCADILLY CIRCLE CAPE CORAL, FL 33991			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 bill if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MASON, RICHARD		NAME	U00000159593	
STREET ADDRESS	1934 PICCADILLY CIRCLE		STREET ADDRESS	05/10/04-80038-002 150.00	
CITY-ST-ZIP	CAPE CORAL, FL		CITY-ST-ZIP		
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MASON, JOAN		NAME		
STREET ADDRESS	1934 PICCADILLY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <u>R.A. Mason</u> R.A. MASON DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4-30-04</u>					