

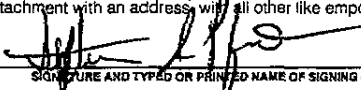


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M75445 1. Entity Name GULF COAST LAWN SERVICES, INC.			
Principal Place of Business P O BOX 50263 SARASOTA, FL 34232 US		Mailing Address P O BOX 50263 SARASOTA, FL 34232 US	
DO NOT WRITE IN THIS SPACE			
		 02282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0051069	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 PUPO, STEPHEN 3818 GOCIO RD SARASOTA, FL 34235		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000076079 03/04/04-80012-019 150.00	
TITLE	DP	DO NOT WRITE IN THIS SPACE	
NAME	PUPO, STEPHEN		
STREET ADDRESS	3818 GOCIO RD		
CITY-ST-ZIP	SARASOTA, FL 34235		
TITLE			
NAME			
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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: 		2-27-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	