


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90136 021 ***158.75

DOCUMENT # P00000019197	
1. Entity Name ACME LAWNS INC.	

Principal Place of Business 5469 81ST AVE, CIRCLE EAST PALMETTO FL 34221	Mailing Address 5469 81ST AVE, CIRCLE EAST PALMETTO FL 34221
--	--

54053597



MOORE CR2E034 (11/03)

2. Principal Place of Business 4006 Douglas Hill Pl Parrish, FL 34219 USA	3. Mailing Address P.O. Box 611 Ellenton, FL 34222 USA
City, Apt. #, etc. Parrish, FL	City, Apt. #, etc. Ellenton, FL
City & State 34219 USA	City & State 34222 USA
Zip 34219	Country USA

4. FEI Number 65-0979542	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUEL, DEANNA T 5469 81ST AVE, CIRCLE EAST PALMETTO FL 34221	
---	--

7. Name and Address of New Registered Agent DeAnna T. Ruel 4006 Douglas Hill Place Parrish, FL 34219	
--	--

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 <u><i>DeAnna Ruel</i></u> DATE <u>4-15-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
---	--

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUEL, DEANNA T 5469 81ST AVE, CIRCLE EAST PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DeAnna Ruel 4006 Douglas Hill Place Parrish, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James Ruel 4006 Douglas Hill Place Parrish, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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><i>DeAnna Ruel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-15-04</u> Daytime Phone # <u>941-776-5333</u>