



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000024952	
1. Entity Name STEPHENS' LAWN CARE, INC.	

Principal Place of Business POST OFFICE BOX 1601 LAKE WALES, FL 33856-1601	Mailing Address POST OFFICE BOX 1601 LAKE WALES, FL 33856-1601
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DO NOT WRITE IN THIS SPACE

	
01262004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3630634	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

**STEPHENS, DIANE B
737 COHASSETT AVENUE
LAKE WALES, FL 33853**

**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 *Diane B. Stephens* **4-20-04**
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 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENS, ROBERT B 737 COHASSETT AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENS, DIANE B 737 COHASSETT AVENUE LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/22/04-80014-016 150.00

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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)(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.

SIGNATURE: *Diane Stephens* **4-20-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #