


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90007 019 ***150.00

DOCUMENT # P00000044819 1. Entity Name A NEW LOOK LAWN CARE, INC.					
Principal Place of Business 2728 WOODHILL DR MELBOURNE, FL 32934			Mailing Address 2728 WOODHILL DR STE # 415 MELBOURNE, FL 32934		
2. Principal Place of Business 2728 Woodsmill Dr. Suite, Apt. #, etc.			3. Mailing Address 2728 Woodsmill Dr. Suite, Apt. #, etc.		
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 59-3642715	
Zip 32934		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHE, TIMOTHY P 2728 WOODMILL DR STE #415 MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name Timothy P. Fiske Street Address (P.O. Box Number is Not Acceptable) 2728 Woodsmill Dr. City Melbourne FL Zip Code 32934	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISHE, TIMOTHY P 2728 WOODHILL DR MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FISHE, LISE 2728 WOODHILL DR MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FISHE, LISE 2728 WOODHILL DR MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Fiske, Timothy P. 2728 Woodsmill Drive Melbourne FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Fiske, Lise 2728 Woodsmill Drive Melbourne FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 Timothy Fiske, Pres 3/1/04 (321) 259-8594 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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