2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000047621

1. Entity Name
SE & CS LAWN MAINTENANCE, INC.

FILED - Apr 01, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

906 MAPLE AVE.

FRUITLAND PARK, FL 34731

P. O. BOX 496 FRUITLAND PARK, FL 34731



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 01212004

4. FEI Number Applied For 59-3642418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SCHWALM, STEVE 906 MAPLE AVE. FRUITLAND PARK, FL 34731

SIGNATURE:

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 Signature, typed or crimted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstance) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
18.	OFFICERS AND DIREC	CTORS		······	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWALM, STEVE 906 MAPLE AVE. FRUITLAND PARK, FL 34731				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHWALM, CONNIE 906 MAPLE AVE. FRUITLAND PARK, FL 34731			·	000000100331 04/01/04-80003-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS GITY-57-ZIP					
TITLE NAME STREET ADDRESS City-St-Zip					
12. I hereby certify that the information supplied with this filling 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 otted like empowered					