

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90107 015 ***150.00

DOCUMENT # P00000053638

1. Entity Name
TENDER LAWN CARE, INC.



Principal Place of Business
3880 NW 97 AVE
HOLLYWOOD, FL 33024

Mailing Address
3880 NW 97 AVE
HOLLYWOOD, FL 33024

44005614



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1020838

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THAYER, BRIAN M
3880 NW 97 AVE
HOLLYWOOD, FL 33024

**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 *Brian Thayer*

1-23-04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME THAYER, JACQUELINE S
STREET ADDRESS 3880 NW 97 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE D
NAME THAYER, BRIAN M
STREET ADDRESS 3880 NW 97 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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: *Brian Thayer* Brian Thayer

1-23-04

680 7759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #