


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90059 043 ***150.00

DOCUMENT # P00000105219	
1. Entity Name LAWNS BY DELUXE, INC	

Principal Place of Business 16746 W. DERBY DRIVE LOXAHATCHEE FL 33470	Mailing Address 16746 W. DERBY DRIVE LOXAHATCHEE FL 33470
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94018958



MOORE CR2E034 (11/03)

2. Principal Place of Business 13292 78th Place N.	3. Mailing Address 13292 78th Place N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Bch, FL	City & State West Palm Bch, FL
Zip 33412	Country U.S.A.

4. FEI Number 65-1056775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ETTER, CARL E III 16746 W. DERBY DRIVE LOXAHATCHEE FL 33470	
7. Name and Address of New Registered Agent Name Carl E. Etter III Street Address (P.O. Box Number is Not Acceptable) 13292 78th Place N. City West Palm Beach FL Zip Code 33412	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETTER, CARL E III 16746 W. DERBY DRIVE LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl E. Etter III 13292 78th Place N. West Palm Beach, FL 33412 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **2/17/04 561-795-7045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #