


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 029 ***150.00

| | | |
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| DOCUMENT # P00000111508 | |  |
| 1. Entity Name L & L LANDSCAPING & LAWN CARE, INC. | | |

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| Principal Place of Business 130 LOOKOUT DR APOLLO BEACH, FL 33572 | Mailing Address 130 LOOKOUT DR APOLLO BEACH, FL 33572 |
|---|---|

54053472



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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04052004 Chg-P CR2E034 (10/03)

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|--|--|
| 4. FEI Number 65-1058929 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent | |
| LOCHETTO, ANTHONY J 130 LOOKOUT DR APOLLO BEACH, FL 33572 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) P.O. Box 12914 Kings Lake Drive | |
| City Gibsonton | Zip Code FL 33534 |

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| 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 | DATE |

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| 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 | D <input type="checkbox"/> Delete |
| NAME | LOCHETTO, ANTHONY J |
| STREET ADDRESS | 130 LOOKOUT DR |
| CITY-ST-ZIP | APOLLO BEACH, FL 33572 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | LOCHETTO, HEATHER |
| STREET ADDRESS | 130 LOOKOUT DR |
| CITY-ST-ZIP | APOLLO BEACH, FL 33572 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LOCHETTO, ROCCO F |
| STREET ADDRESS | 130 LOOKOUT DR |
| CITY-ST-ZIP | APOLLO BEACH, FL 33572 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LOCHETTO, MARYANN |
| STREET ADDRESS | 6111 MARBELLA BLVD |
| CITY-ST-ZIP | APOLLO BEACH, FL 33572 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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. | |
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| SIGNATURE: <u>Anthony J. Locketto</u> | Date: <u>5-4-04</u> | Daytime Phone #: <u>813-927-0155</u> |
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