

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90005 039 ***150.00

DOCUMENT # P01000000219	
1. Entity Name ST LUCIE LAWN & LANDSCAPING, INC.	

Principal Place of Business 6040 NW RELIEF CT PORT SAINT LUCIE, FL 34983	Mailing Address 2469 SE GRAND DRIVE PORT ST LUCIE, FL 34952
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54058262

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 6040 NW Relief Ct Suite, Apt. #, etc. City & State Zip
Port St Lucie FL	34983 USA



06162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1066884	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYNE, WILLIAM F III 6040 NW RELIEF CT PORT SAINT LUCIE, FL 34983	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *William F Pyne III* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP PYNE, WILLIAM F III 2469 SE GRAND DRIVE PORT ST LUCIE, FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *William F Pyne III* **6/16/4 772-879-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William F Pyne III

Attachment - PO16-16-04 54058262
PO1000000219

St Lucie Lawns &
Landscaping Inc
6040 NW Relief Ct
Port St Lucie, FL
34983

PO1000000219
65-1066884

State of Florida
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Please forgive me + my family. I have always paid on time, my wife was at our tax preparer's office + found out about this today. We never got a bill. The tax preparer pulled this off the internet + said a postcard was probably sent to Grand Drive address. We haven't lived there in over 2 years. We are hiring a new tax preparer. We have a meeting with him next Wednesday. Please forgive us. \$400 takes almost my wife's 2 week take home pay check. We really work hard + try to do the right thing. Please accept the \$150. Our thanks for your consideration.

W. Pyne III + Marie Pyne
William + Marie Pyne
6040 NW Relief Ct
Port St Lucie, FL 34983

P.S. Would our tax preparer be responsible for this mistake? →