


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90116 044 \*\*\*550.00

<b>DOCUMENT # P01000025634</b>	
1. Entity Name <b>FOREVER GREEN GROUNDS SERVICES, INC.</b>	

Principal Place of Business <b>404 CITRUSWOOD LANE VALRICO, FL 33594</b>	Mailing Address <b>PO BOX 1161 VALRICO, FL 33595-1161</b>
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**34071878**



2. Principal Place of Business <b>3009 Rolling Acres Pl.</b>	3. Mailing Address <b>P.O. Box 1161</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07162004 Chg-P CR2E034 (10/03)

City & State <b>VALRICO, FL</b>	City & State <b>VALRICO, FL</b>
Zip <b>33594</b>	Zip <b>33594</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3715183</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HERRICK, JOHN J 404 CITRUSWOOD LANE VALRICO, FL 33594</b>	7. Name and Address of New Registered Agent Name <b>Herrick, John J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3009 Rolling Acres Pl.</b> <b>Valrico</b> City <b>FL</b> Zip Code <b>33594</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D HERRICK, JOHN J 404 CITRUSWOOD LANE VALRICO, FL 33594</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN J. HERRICK 3009 Rolling Acres Pl VALRICO, FL 33594</b> <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
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
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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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

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: <b>John J. Herrick</b>	<b>JOHN J. HERRICK, P.</b>	Date: <b>9/2/04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small> <b>(813) 657-9335</b>