

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000030285 1. Entity Name EAGLE EYE QUALITY LAWN CARE, INC					
Principal Place of Business 3080 DAVE LANE MULBERRY, FL 33860			Mailing Address PO BOX 7268 LAKELAND, FL 33807		
2. Principal Place of Business 7401 Green Rd. Suite, Apt. #, etc.			3. Mailing Address P.O. Box 7268 Suite, Apt. #, etc.		
City & State Lakeland FL 33810 Zip 33810		City & State Lakeland FL 33807 Zip 33807		4. FEI Number 59-3709895	
Country POIK		Country POIK		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, KEVIN 723 HIGHLAND GARDENS LANE LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Kevin Hackett Street Address (P.O. Box Number is Not Acceptable) 7401 Green Rd La City Lakeland FL Zip Code 33810	
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 P <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE Nov. 3, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00				300042167293 11/16/04--01018--001 **758.75	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HACKETT, KEVIN 6206 FORRESTWOOD DR W LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hackett, Kevin 7401 Green Rd Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	# VP Hackett Henry 7401 Green Rd. Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: P <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date Nov. 3, 2004 Daytime Phone # 963-670-1663	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004
 ID252004 REIN:P GR2E098 (6/04)