#### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### ANNUAL REPORT DOCUMENT # P01000037330

1. Entity Name

VAN'S LAWN & LANDSCAPE, INC.



FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5634 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463 US 5634 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463 US



04042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1097016

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEE, VAN E 5634 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and litle	fapplicable (NOTE Registered	d Agent signaturi	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000126228 04/23/04-80025-016 150.00
10.	OFFICERS AND DIRECTORS				
TITLE	PD	<del></del>	1		
NAME	LEE, VAN E				
STREET ADDRESS	5634 MUIRFIELD VILLAGE CIRCLE				
CITY OF TID	LAVE WORTH EL 22462		I		

#### CITY-SI-ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS CITY+ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

# DO NOT WRITE IN THIS SPACE

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 cath, 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:

CITY-ST-ZIP

Jan Lee

VAN LEE

4/4/04

561-968-8732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #