

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040599

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** ALFREDO AQUINO & SON'S LAWN SERVICE, INC.

**Current Principal Place of Business:**

16319 PRESTWICH DRIVE EAST  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16319 PRESTWICH DRIVE EAST  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-1098475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AQUINO, MONICA M  
16319 PRESTWICK DR E  
LOXAHATCHEE, FL 334704029 US

**Name and Address of New Registered Agent:**

AQUINO, ALFREDO D  
16319 PRESTWICH DR E  
LOXAHATCHEE, FL 334704029 US

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.

SIGNATURE: ALFREDO D. AQUINO

04/22/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PV ( ) Delete  
Name: AQUINO, ALFREDO D  
Address: 16319 PRESTWICH DRIVE EAST  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ST ( ) Delete  
Name: AQUINO, MONICA J  
Address: 16319 PRESTWICH DRIVE EAST  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PV (X) Change ( ) Addition  
Name: AQUINO, MONICA J  
Address: 16319 PRESTWICH DRIVE EAST  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA J AQUINO

P V

04/22/2004

Electronic Signature of Signing Officer or Director

Date