2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004
Secretary of State

DOCUMENT# P01000049768

Entity Name: LEO'S COMPLETE GROUND MAINTENANCE OF FLORIDA, INC.

Current Principal Place of Business:

1689 WESTCOTT STREET SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

1689 WESTCOTT STREET SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 65-1102461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLIDAY, LEO DPT
1689 WESTCOTT STREET SE
PALM BAY, FL 32909

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: HOLLIDAY, LEO
Address: 1689 WESTCOTT STREET SE
City-St-Zip: PALM BAY, FL 32909

Title: DS ( ) Delete
Name: HOLLIDAY, HEATHER
Address: 1689 WESTCOTT ST. SE.
City-St-Zip: PALM BAY, FL 32909

Title: DVP ( ) Delete
Name: HOLLIDAY, EURY
Address: 1689 WESTCOTT ST. SE.
City-St-Zip: PALM BAY, FL 32909

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change ( ) Addition
Name: JACOBY, MICHAEL
Address: 2665 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: DT ( ) Change (X) Addition
Name: HOLLIDAY, EURY A
Address: 1285 KARLOVY AVENUE NW
City-St-Zip: PALM BAY, FL 32907

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: LEO HOLLIDAY DPT 06/16/2004

Electronic Signature of Signing Officer or Director — Date