**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

## DOCUMENT # P01000050465

SIGNATURE: 🔀

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BNUS

PATRICLE

PB LAWN & HOME IMPROVEMENT INC.

CO WE THE

## **FILED** Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90357 003 \*\*\*150.00

Daytime Phone #

			<b>€</b>			
Principal Place of Business Mailing Address  1201 S. DIXIE HWY. #73  POMPANO BCH FL 33060 POMPANO BCH FL 33060					1 to 1 <b>1 1 1</b>	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State		City & State		65-1107045	ed For	
Ζiρ	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Addition	<del></del>	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
BANKS, PATRICK 1201 S. DIXIE HWY. #73 POMPANO BCH FL 33060			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
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						
SIGNATURE -	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature requi	uired when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department of			9. Election Campaign Financing \$5.00   Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 11	
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	1201 S. DIXIE HWY, #73		STREET ADDRESS		j	
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	cartify that the information supplied w	ith this filing does not qualify f		n Section 119,07(3)(i), Florida Statutes. I further certify that the info	rmation	
indicated of the co	certry that the information supplied will I on this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that powered to execute this repo	t my signature shall have the rt as required by Chapter I	1 Section 119.07(3)(1), Florida Statutes: Floriner Certify that the fill of the same legal effect as if made under oath; that I am an officer or 607, Florida Statutes; and that my name appears in Block 10 or Bl	director	