


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90993 040 \*\*\*150.00

<b>DOCUMENT #</b> P01000050882	
<b>1. Entity Name</b> ST. LUCIE LAWN RANGER INC.	

<b>Principal Place of Business</b> 113 SW NORTH DANVILLE CIR PORT SAINT LUCIE FL 34953	<b>Mailing Address</b> PO BOX 881062 PORT ST LUCIE FL 34988-1062
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<b>2. Principal Place of Business</b> 113 SW N Danville Cir Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 881062 Suite, Apt. #, etc.
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<b>City &amp; State</b> Port St Lucie FL	<b>City &amp; State</b> Port St Lucie Florida
<b>Zip</b> 34953	<b>Zip</b> 34988
<b>Country</b> ST Lucie	<b>Country</b> ST Lucie



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-1120016	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HENRY, KAREN 113 SW N DANVILLE CIR PORT ST LUCIE FL 34953	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DP <input type="checkbox"/> Delete	<b>NAME</b> HENRY, DELROY	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b> PO BOX 881062	<b>CITY-ST-ZIP</b> PORT ST LUCIE FL 34988-1062	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> DV <input type="checkbox"/> Delete	<b>NAME</b> HENRY, KAREN	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b> PO BOX 881062	<b>CITY-ST-ZIP</b> PORT ST LUCIE FL 34988-1062	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
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<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:** Delroy Henry **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4-22-04 **Date** **Daytime Phone #**