

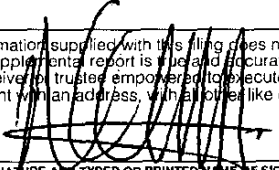


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91214 030 ***150.00

DOCUMENT # P01000052066 1. Entity Name S & S LAWN SERVICE INC.					
Principal Place of Business C/O COAST-TO-COAST REALTY 267 N. COLLIER BLVD. -SUITE 204 MARCO ISLAND, FL 34145			Mailing Address C/O COAST-TO-COAST REALTY 267 N. COLLIER BLVD. -SUITE 204 MARCO ISLAND, FL 34145		
2. Principal Place of Business 7678 Groves Rd		3. Mailing Address 7678 Groves Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Naples FL		City & State Naples, FL			
Zip 34109		Country USA			
4. FEI Number 59-3720743		Applied For <input type="checkbox"/> Not Applicable		04302004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROLLER, PETRA C/O COAST-TO-COAST REALTY 267 N. COLLIER BLVD. -SUITE 204 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRIDGE, ADAM G 898 EGRETS RUN, #201 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7678 Groves Rd Naples, FL 34109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRIDGE, GLENDA 898 EGRETS RUN- SUITE 201 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7678 Groves Rd Naples FL 34109		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		4/28/04 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					