

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.

04302004 Chg-P CR2E034 (10/03)

City & State
Naples FL

City & State
Naples, FL

Zip
34109 Country
USA

Zip
34109 Country
USA

4. FEI Number
59-3720743

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HERRIDGE, ADAM G	
STREET ADDRESS	898 EGRETS RUN, #201	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	V	<input type="checkbox"/> Delete
NAME	HERRIDGE, GLENDA	
STREET ADDRESS	898 EGRETS RUN- SUITE 201	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRIDGE, ADAM	
STREET ADDRESS	898 EGRETS RUN -SUITE 201	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERRIDGE, GLENDA	
STREET ADDRESS	898 EGRETS RUN - SUITE 201	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7678 Groves Rd	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7678 Groves Rd	
CITY-ST-ZIP	Naples FL 34109	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **4/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #