

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000057781

1. Entity Name
DAVID WALLACE'S PERSONALIZED LAWN CARE, INC.



Principal Place of Business
10434 ILAH RD
JACKSONVILLE, FL 32257

Mailing Address
10434 ILAH RD
JACKSONVILLE, FL 32257



04112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3729158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHETTE, JAMES A P.A.
1301 RIVERPLACE BLVD, STE 1916
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
WALLACE, DAVID C
10434 ILAH RD
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VSTD
WALLACE, PATRICIA A
10434 ILAH RD
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000114071
04/15/04-80035-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: PATRICIA A. WALLACE
PATRICIA A. WALLACE VSTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04
Date

904-828-7850
Daytime Phone if