

**2004 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000059795

**1. Entity Name
PARKLAND ESTATES LAWN CARE CORP.**



**Principal Place of Business
453 NW 46TH AVE
DEERFIELD BCH, FL 33442**

**Mailing Address
453 NW 46TH AVE
DEERFIELD BCH, FL 33442**



02072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1113278**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**DICKEY, KARLTON E
453 NW 46TH AVE
DEERFIELD BCH, FL 33442**

**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

[Signature]

2-07-04

**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 Fee**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DICKEY, KARLTON E
453 NW 46TH AVE
DEERFIELD BCH, FL 33442**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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02/12/04-30034-007 150.00

**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)(b), 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 007, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-04

Date

954-481-8670

Daytime Phone #