


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000076285</b> 1. Entity Name <b>FERRY LAWN SERVICE, INC.</b>	
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Principal Place of Business <b>3661 SW COQUINA COVE WAY PALM CITY, FL 34990</b>	Mailing Address <b>PO BOX 977 PALM CITY, FL 34991</b>
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**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1133211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FERRY, SCOTT P  
3661 SW COQUINA COVE WAY  
PALM CITY, FL 34990**

**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 except the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN0000105810 04/07/04-80040-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRY, SCOTT P PO BOX 977 PALM CITY, FL 34991
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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: *Scott P. Ferry* **PRESIDENT** 4/5/04 Daytime Phone # \_\_\_\_\_