

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90019 026 \*\*\*150.00

**DOCUMENT # P01000078478**

1. Entity Name

TRI-COUNTY LAWN & LANDSCAPE, INC.



Principal Place of Business

518 S.W. LACROIX AVENUE  
PORT ST. LUCIE FL 34953

Mailing Address

518 S.W. LACROIX AVENUE  
PORT ST. LUCIE FL 34953

2. Principal Place of Business

479 N.E. Lima Vias

3. Mailing Address

479 N.E. Lima Vias

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

34957

Country

US

Zip

34957

Country

US

4. FEI Number

65-1147215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPAR, TROY  
518 S.W. LACROIX AVENUE  
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

CAPAR TROY

Street Address (P.O. Box Number is Not Acceptable)

479 N.E. Lima Vias

City

Jensen Beach

FL

Zip Code

34957

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

2/24/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CAPAR, TROY  
STREET ADDRESS 518 S.W. LACROIX AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME CAPAR TROY  
STREET ADDRESS 479 N.E. Lima Vias  
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/04