

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended  
FILED

04 JUL 12 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06252004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000101377</b>					
1. Entity Name <b>MONKEY BUSINESS LAWN &amp; LANDSCAPING, INC.</b>					
Principal Place of Business <b>4326 BERSHIRE DR. SARASOTA, FL 34241</b>			Mailing Address <b>4326 BERSHIRE DR. SARASOTA, FL 34241</b>		
2. Principal Place of Business <b>4326 BERSHIRE DR</b>			3. Mailing Address <b>4326 BERSHIRE DR</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>65-1154656</b>	
Zip <b>34241</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34241</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILLIAMS, TIMOTHY 3414 CAMBRIDGE DR SARASOTA, FL 34232</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WILLIAMS, TIMOTHY</b> <b>3414 CAMBRIDGE DR</b> <b>SARASOTA, FL 34232</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>4326 BERSHIRE DR</b> <b>SARASOTA, FL 34241</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date: <b>6-29-04</b> Daytime Phone #: <b>941-342-9071</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					