

ANNUAL REPORT

DOCUMENT # P01000113863

1. Entity Name
SALTER LAWNCARE, INC.

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90015 034 ***150.00

Principal Place of Business
2320 GARLAND CT
TALLAHASSEE, FL 32303Mailing Address
P.O. BOX 37123
TALLAHASSEE, FL 32315-71232. Principal Place of Business
2499 Deerwood Blvd.
Suite, Apt. #, etc.3. Mailing Address
2499 Deerwood Blvd.
Suite, Apt. #, etc.

03012004

Chg-P

CR2E034 (10/03)

City & State
Greenville, FLCity & State
Greenville, FL4. FEI Number
27-0000738Applied For
Not ApplicableZip
32331-7438Country
USAZip
32331-7438Country
USA5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARGROVE, BRANT
2984 WELLINGTON CIR WEST
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SALTER, SHEPPARD	
STREET ADDRESS	2320 GARLAND CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

TITLE	VST	<input type="checkbox"/> Delete
NAME	SALTER, LYNN	
STREET ADDRESS	2320 GARLAND CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2499 Deerwood Blvd.	
CITY-ST-ZIP	Greenville, FL 32331-7438	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2499 Deerwood Blvd.	
CITY-ST-ZIP	Greenville, FL 32331-7438	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lynn S. Salter

3-1-04

850-997-0666