


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000009986**

1. Entity Name  
**MARCELLE LAWN SERVICE, INC.**



Principal Place of Business  
**875 WILLOW RUN  
ORMOND BEACH, FL 32174**

Mailing Address  
**875 WILLOW RUN  
ORMOND BEACH, FL 32174**



07112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0000602**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCELLE, RICHARD S  
875 WILLOW RUN  
ORMOND BEACH, FL 32174**

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT MARCELLE SCOTT, RICHARD 875 WILLIOW RUN ORMOND BEACH, FL 32174
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00000171455  
09/02/04-80002-010 150.00

**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)(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: Richard Scott Marcelle Richard Scott Marcelle 8/28/04 386-671-2679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #