2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90046 035 ***150.00

DOCUMENT # P02000012934

1. Entity Name
LAWN TECHS PROFESSIONAL GROUND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
9841 ALVERNON DRIVE NEW PORT RICHEY, FL 34655	9841 ALVERNON DRIVE NEW PORT RICHEY, FL 34655

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2113 Larkspur Ct	2113 Larkspur Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Trinity FL	City & State: Trinity FL
Zip: 34655 Country: US	Zip: 34655 Country: US

4. FEI Number: 04-3600716 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANIZIO, ROBERT A
9841 ALVERNON DRIVE
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2113 Larkspur Ct
City: Trinity FL Zip Code: 34655

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] ROBT CANIZIO 2-10-04
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 $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANIZIO, ROBERT A 9841 ALVERNON DRIVE NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2113 Larkspur Ct Trinity FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CANIZIO, MICHAEL A 2311 CLUBSIDE COURT, APT. 1523 PALM HARBOR, FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] ROBT CANIZIO, Pres 2-10-04 (727) 324-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #