2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P02000019357 1. Entity Name 04-01-2004 90014 001 ***150 00 E&C MAINTENANCE LAWN AND YARD CARE, INC. Principal Place of Business Mailing Address 1010 HUNTINGTON CT. 1010 HUNTINGTON CT. LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Persimmon 41351 Persimmon St 4135 Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number 59-3163593 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTHER, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 1010 HUNTINGTON CT. LONGWOOD FL 32750 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change Change ☐ Addition WALTHER, PATRICIA A NAME NAME 1010 HUNTINGTON CT. STREET ADDRESS STREET ADORESS LONGWOOD FL 32750 CITY-ST-ZIP City-St-ZiP ☐ Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED