

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000020049

1. Entity Name
LADY BUG LAWN CARE, INC.



Principal Place of Business
1015 10TH STREET
LAKE PARK, FL 33403

Mailing Address
1015 10TH STREET
LAKE PARK, FL 33403



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3635682

Applied
Not App

5. Certificate of Status Desired ☐ \$8.75 Addition-
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMOES, RANDALL S
1015 10TH STREET
LAKE PARK, FL 33403

**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 am 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 \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SIMOES, RANDALL S
1015 10TH STREET
LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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04/16/04-80086-021 150.00

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

SIGNATURE: By: pres. R. Simoes - pres. 4/6/04