
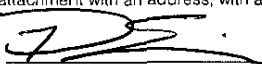


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90308 017 ***150.00

DOCUMENT # P02000042090 1. Entity Name PROFESSIONAL LAWN WORKS, INC.			
Principal Place of Business 1007 BRISTOL LAKE ROAD #109 MOUNT DORA, FL 32757		Mailing Address 1007 BRISTOL LAKE ROAD #109 MOUNT DORA, FL 32757	
2. Principal Place of Business 19708 EUSTIS AIRPORT RD Suite, Apt. #, etc.		3. Mailing Address 19618 EUSTIS AIRPORT RD Suite, Apt. #, etc.	
City & State EUSTIS FL Zip 32736		City & State EUSTIS FL Zip 32736	
Country USA		Country USA	
4. FEI Number 01-0671495		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. ATTEN: JEFFREY P. MILHAUSE, ESQ. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD ECHEVERRIA, PABLO A 1007 BRISTOL LAKE ROAD #109 MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ECHEVARRIA PABLO A 1006 BRISTOL LAKE ROAD #206 MOUNT DORA FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALMONTE, MARY G 1007 BRISTOL LAKE ROAD #109 MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALMONTE, MARY G 10265 SE 52ND CT BELLEVUE, FL 33420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-27-04 (352)357-1200 <small>Date Daytime Phone #</small>	