

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042596

FILED  
Aug 12, 2004  
Secretary of State

Entity Name: DOUBLE E LAWN MAINTENANCE, INC.

## Current Principal Place of Business:

8087 SUN VALLEY DRIVE  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

8087 SUN VALLEY DRIVE  
JACKSONVILLE, FL 32210

## New Mailing Address:

FEI Number: 01-0662514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALLARD, EDDIE  
3154 WEST 12TH STREET  
JACKSONVILLE, FL 32209

## Name and Address of New Registered Agent:

WILLIAMS, MARY  
8087 SUN VALLEY DRIVE  
JACKSONVILLE, FL 32210

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.

SIGNATURE: MARY WILLIAMS

08/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P (X) Delete  
Name: BALLARD, EDDIE  
Address: 3154 WEST 12TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete  
Name: WILLIAMS, SAKINA  
Address: PO BOX 48051  
City-St-Zip: JACKSONVILLE, FL 32247

Title: S ( ) Delete  
Name: WILLIAMS, MARY  
Address: 8087 SUN VALLEY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete  
Name: WILLIAMS, EDUARDO  
Address: 8087 SUN VALLEY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, EDUARDO  
Address: 8087 SUN VALLEY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WILLIAMS

S

08/12/2004

Electronic Signature of Signing Officer or Director

Date