

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90240 033 ***150.00

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1. Entity Name
TONY'S LAWN MAINTENANCE, INC.



Principal Place of Business
7757 NW 146 STREET
MIAMI LAKES, FL 33016

Mailing Address
7757 NW 146 STREET
MIAMI LAKES, FL 33016

14011268



2. Principal Place of Business
9050 Pines Blvd, Suite 386
Suite, Apt. #, etc.

3. Mailing Address
9050 Pines Blvd, Suite 386
Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State
Pembroke Pines, FL 33024

City & State
Pembroke Pines, FL 33024

Zip Country Zip Country

4. FEI Number
03-0443221

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZZO, CHRIS
7757 NW 146 STREET
MIAMI LAKES, FL 33016

Name CHRIS IZZO
Street Address (P.O. Box Number is Not Acceptable)
9050 Pines Blvd, Suite 386
City Pembroke Pines, FL 33024 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 *[Signature]* DATE 4-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P
NAME IZZO, CHRIS ☐ Delete
STREET ADDRESS 7757 NW 146 STREET
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P CHRIS IZZO ☒ Change ☐ Addition
NAME
STREET ADDRESS 9050 Pines Blvd, Suite 386
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #