
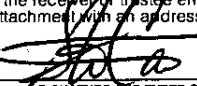


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90164 046 ***150.00

| | | | | | |
|--|---------------------------------|--|---|--|--|
| DOCUMENT # P02000058254 | | | |  | |
| 1. Entity Name THE LAWN LIZARDS, INC. | | | | | |
| Principal Place of Business 2745 ORCHID LANE CLEARWATER, FL 34744 | | | Mailing Address 2745 ORCHID LANE CLEARWATER, FL 34744 | | |
| 2. Principal Place of Business 2745 Orchid LN. | | 3. Mailing Address P.O. Box 690703 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Kissimmee, FL. | | City & State Orlando, FL. | | 4. FEI Number 04-3670594 | |
| Zip 34744 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PORTLOCK, DAVID 7345 SANDLAKE ROAD SUITE 412 ORLANDO, FL 32819 | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| 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 P NAME CARSON, STEVE STREET ADDRESS 2745 ORCHID LANE CITY-ST-ZIP CLEARWATER, FL 34744 | <input type="checkbox"/> Delete | | TITLE P NAME CARSON, STEVE STREET ADDRESS 2745 Orchid LN. CITY-ST-ZIP Kissimmee, FL. 34744 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME HENES, LAURA L STREET ADDRESS 2745 ORCHID LANE CITY-ST-ZIP CLEARWATER, FL 34744 | <input type="checkbox"/> Delete | | TITLE VP NAME Henes, Laura L. STREET ADDRESS 2745 Orchid LN. CITY-ST-ZIP Kissimmee, FL. 34744 | <input checked="" 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 | |
| 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:  Steve Carson | | | 4/29/04 407-925-9430 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

4/29/04

Attachment

54052855-

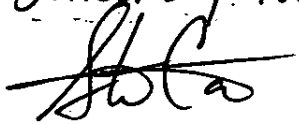
To Whom It May Concern:

P02000008257

I am writing this letter in regards to my company "Lawn Lizards". It was brought to my attention this past week that I did not receive my annual report, as soon as I realized this I decided to send this letter w/payment. I am asking that the late penalty be waived.

I also need to bring to your attention that the corrections I had asked for in 2003 still have not been completed in full. Please correct this immediately.

Sincerely Yours



Steve Carson

President

Lawn Lizards Inc.