2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004
Secretary of State

DOCUMENT# P02000059636

Entity Name: LAKE CITY LAWN SERVICE, INC

Current Principal Place of Business:

RT. 17 BOX 844, BROOK LOOP
LAKE CITY, FL 32055

New Principal Place of Business:

313 NW BROOK LOOP
LAKE CITY, FL 32055

Current Mailing Address:

RT. 17 BOX 844, BROOK LOOP
LAKE CITY, FL 32055

New Mailing Address:

313 NW BROOK LOOP
LAKE CITY, FL 32055

FEI Number: 01-0706534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMBERLAKE, SUZANNE
RT. 1 BOX 13-1
BRANFORD, FL 32008

Name and Address of New Registered Agent:

MORRISON, MICHAEL A
313 NW BROOK LOOP
LAKE CITY, FL 32055

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: MICHAEL MORRISON 08/06/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TIMBERLAKE, SUZANNE
Address: RT. 1 BOX 13-1
City-St-Zip: BRANFORD, FL 32008

Title: D ( ) Delete
Name: MORRISON, MICHAEL A
Address: RT. 17 BOX 844, BROOK LOOP
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Delete
Name: MORRISON, KRISTIN N
Address: RT. 17 BOX 844, BROOK LOOP
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MORRISON, MICHAEL A
Address: 313 NW BROOK LOOP
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change ( ) Addition
Name: MORRISON, KRISTIN N
Address: 313 NW BROOK LOOP
City-St-Zip: LAKE CITY, FL 32055

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

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: MICHAEL MORRISON D 08/06/2004
Electronic Signature of Signing Officer or Director Date