

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90013 003 ***150.00

DOCUMENT # P02000063588 1. Entity Name GOTCHAGOOD LAWN GREETINGS, INC.			
Principal Place of Business 1229 SW 21ST TERRACE CAPE CORAL, FL 33991		Mailing Address 1229 SW 21ST TERRACE CAPE CORAL, FL 33991	
2. Principal Place of Business 18100 MORNING STAR LN Suite, Apt. #, etc.		3. Mailing Address 18100 MORNING STAR LN Suite, Apt. #, etc.	
City & State CAPE CORAL, FL Zip 33993 Country		City & State CAPE CORAL, FL Zip 33993 Country	
4. FEI Number 03-0457165		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 SYLVIA, JUDITH A 1229 SW 21ST TERRACE CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name JUDITH A. SYLVIA Street Address (P.O. Box Not Applicable) 18100 MORNING STAR LANE CAPE CORAL FL 33993	
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 2/18/04 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 NAME STREET ADDRESS CITY ST ZIP	P SYLVIA, MARK W 1229 SW 21ST TERRACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	18100 MORNING STAR LANE CAPE CORAL, FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STV SYLVIA, JUDITH A 1229 SW 21ST TERRACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	18100 MORNING STAR LANE CAPE CORAL, FL 33993 <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
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, title or other like empowered.			
SIGNATURE JUDITH A. SYLVIA, STV SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/18/04 Date Daytime Phone #	