

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90036 005 ***150.00

DOCUMENT # P02000066768					
1. Entity Name PHIL ELLIOTT'S LAWN & LANDSCAPING INC.					
Principal Place of Business 6852 BRUCE COURT LAKE WORTH, FL 33463			Mailing Address 6852 BRUCE COURT LAKE WORTH, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222004 Chg-P CR2E034 (10/03)	
4. FEI Number 03-0455932				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 KIESLING, ROBERT A 4793 N CONGRESS AVE #206 BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name: <u>Phillip Elliott</u> Street Address (P.O. Box Number is Not Acceptable): <u>79 Baytree Cir</u> City: <u>Boynton Beach</u> FL Zip Code: <u>33436</u>		
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: DATE: <u>4-8-04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOTT, PHILLIP 79 BAYTREE CIR BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
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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:		Date: <u>4-8-04</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			