

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000082414 1. Entity Name MULCH CITY INC.	
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Principal Place of Business 510 BUSINESS PKWY B ROYAL PALM BEACH, FL 33411	Mailing Address 510 BUSINESS PKWY B ROYAL PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0418628	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMCHARAN, SUE 3816 CYPRESS LAKE DRIVE LAKE WORTH, FL 33467
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IN THIS SPACE**

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 <u>Sue Ramcharan</u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>4-1-04</u> (NOTE: Registered Agent signature required when re-electing)

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	000000122808 04/21/04-80043-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TETREAULT, SHERRY L 510 BUSINESS PKWY B ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CANNIZZARO, MARIO 16178 91 PLACE N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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 to this report, with all other like empowered.	
SIGNATURE: <u>Sherry Tetreault</u> SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/19/04</u> DAYTIME PHONE # <u>333-9904</u>