

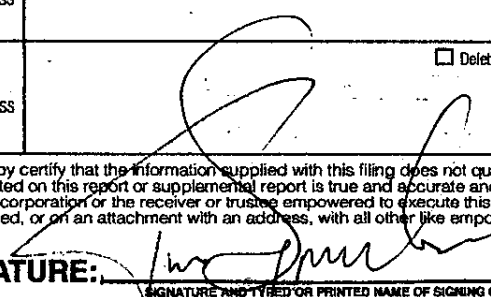


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90089 015 ***150.00

DOCUMENT # P02000084229 1. Entity Name HARBOR BAY LAWN CARE, INC.							
Principal Place of Business 2270 ARNOLD CT PENSACOLA, FL 32504			Mailing Address 2270 ARNOLD CT PENSACOLA, FL 32504				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1506 Washington St Suite, Apt. #, etc.		 04232004 Chg-P CR2E034 (10/03)			
City & State City: Murricane State: IA		4. FEI Number 73-1651793				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 52761		Country USA				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SYMMONDS, MICHELLE R 2270 ARNOLD CT PENSACOLA, FL 32504		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 reinstating) 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	DP SYMMONDS, TIM D 2270 ARNOLD CT PENSACOLA, FL 32504	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SYMMONDS, MICHELLE R 2270 ARNOLD CT PENSACOLA, FL 32504	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
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:  Tim Symmonds 4-23-4 (56350611025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							