2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/12

FILED
Jul 27, 2004 8:00 am
Secretary of State
07-12-2004 90031 037 ***150.00

DOCUMENT # P02000086677

1. Entity Name
LAWNSCAPE OF CENTRAL FLORIDA, INC.

66430699

Principal Place of Business	Mailing Address
PO BOX 792 SPARR, FL 32192	PO BOX 792 SPARR, FL 32192

07092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-1621894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARZELLA, GINO 3501 E HWY 329 ANTHONY, FL 32617	Name Sherman Hackney Street Address (P.O. Box Number is Not Acceptable) 5675 NW 219th St. Rd. City Micanopy FL Zip Code 32667

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 _____ 7/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MARZELLA, GINO PO BOX 792 SPARR, FL 32192	☒ Delete	Secretary Shane Gill 13612 SE 61st Terrace Summerfield, FL 34491	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HACKNEY, SHERMAN PO BOX 411 MCINTOSH, FL 32664	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: _____ 7/9/04 (352) 591-0831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66430699

R H S

Robert H. Schoepf, P.A.
Certified Public Accountant

2508 N.E. 8th Lane
Ocala, Florida 34470

July 23, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Lawnscape of Central Florida, Inc.
#P02000086677

To Whom It May Concern:

I am enclosing the received request for a balance due. Our client did not receive the first notification; therefore please remove the penalty of $400.00.

Should you have any questions, please contact our office. Thank you in advance for your assistance in this matter.

Sincerely,

Mary Christensen

Mary Christensen,
Staff Accountant

Phone Number: (352) 402-9950 - Fax Number: (352) 402-0599