

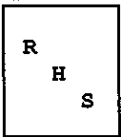
2004 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business PO BOX 792 SPARR, FL 32192			Mailing Address PO BOX 792 SPARR, FL 32192		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1621894	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARZELLA, GINO 3501 E HWY 329 ANTHONY, FL 32617				7. Name and Address of New Registered Agent 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 DATE 7/9/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Shane Gill 13612 SE 51st Terrace Summerfield, FL 34491	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKNEY, SHERMAN PO BOX 411 MCINTOSH, FL 32664	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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			Date 7/9/04 (352) 591-0831		



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

Attachment

66430699

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,
Staff Accountant