2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | AITITOAL | KEFOKI | _ | | | 2 -7.3a | | | |
|---|--|--|--------------------------------|-------------|-------------------------|-----------------------------|----------------------------|---------------|-------------------|--------------|
| DOCUMENT # P02000086761 1. Entity Name GREEN WAY LAWN CARE INC. | | | | | | | E [] 3 AM 9:56 | | • | |
| Principal Place of Business Mailing Address | | | | | | er cont Th | BY DE STATE | _ | | |
| | | | 5023 MATHEW CARTER CT | | | PEUKE IN | RY OF STATE SEE, FLORID | Α | | |
| 5023 MATHEW CARTER CT TALLAHASSEE, FL 32303 | | | TALLAHASSEE, FL 32303 | | | THE WILL | | | | |
| , | | | | | | | | | | 1881 21 1881 |
| | | | | | [| 200.2 | | | | |
| 2. Principal P | lace of Busin | ness | 3. Mailing Address | | | | | | | |
| | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 02032004 | Chg-P | CR2E0 | 34 (10/03) | | |
| City & State | | | City & State | | 4. FEI Numb | er | | I Ap | plied For | |
| Only a diana | | | | | | 50-000 | | | | t Applicable |
| Zip Country | | | Zip Coun | | ntry | E Cartificate | e of Status Desired | | \$8.75 Add | itional |
| | | | | | | | | | Fee Required | t |
| | 6. Name | and Address of Current | Registered Agent | | | | Address of New R | egistered A | gent | |
| | 10001 | 15 | • | Name | | | | | | |
| SHAFFER, JERRY JR 5023 MATHEW CARTER CT | | | | | Street Addr | ess (P.O. Box Numb | er is Not Acceptable |) | | |
| TALLAHAS | | | | | | · | | | | |
| 17122 (117) | JOEE, | 9 | | | , | | | | | |
| | | | | | 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. | | | | | | | | | | |
| me companions on registered agent. | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 9. Election Campaign Financing \$5.00 May Be | | | | | | | | | | |
| FIL After Ma | E NOW!!! | FEE IS \$150.00 4 Fee will be \$550.0 | | • | | Added to Fees | | | | |
| AILEI | ay 1, 200 | | | | | | | | | |
| 10. | r | OFFICERS AND | | 11. | | ADDITIONS | /CHANGES TO OFF | ICERS AND | | |
| TITLE | P | | ☐ Delete | TITL | | | | | ☐ Change | ☐ Addition |
| NAME | 1 | R, JERRY JR | | ME | 2 | 00029 : 5/0401030 | 355% | 352. | | |
| STREET ADDRESS | 1 | THEW CARTER CT | | | EET ADDRESS /-ST-ZIP | 03/0 | 15/0401030 | J031 | **150 | .00 |
| CITY-ST-ZIP | | ASSEE, FL 32303 | | - | | | | Chanca | ☐ Addition | |
| TITLE | V | D MATTHEW | Delete TITLE | | I | | | | Change | Modifical |
| NAME STREET ADDRESS | | R, MATTHEW | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | 5023 MATHEW CARTER CT TALLAHASSEE, FL 32303 | | | | /-ST-ZIP | | | | | |
| | P | 10022,12 02000 | Delete | | | | | ☐ Change | Addition | |
| TITLE NAME | RHAFFE | D RESTHA | Les délété | TITL | · i | | | | ondinge | , addition |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | TALLAH | NOSEE, FL 32303 | | CITY | r-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITL | .E | | | | ☐ Change | Addition |
| NAME | | | | NAN | AE | | | | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CIT | (-ST-ZIP | | | | | |
| TITLE | | | Delete | TITL | l l | | | | ☐ Change | Addition |
| NAME | | | | NAN | | | | | | |
| STREET ADDRESS | | | | | EET ADORESS Y-ST-ZIP | | | | | |
| CITY-ST-ZIP | | - Hantit | | _ | | | | | П он | |
| TITLE . | | | L.J. Delete | TITL | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | • | NAN Str | AL EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | Y-ST-ZIP | | | | | |
| 1 | andifustration | a information averalised with | n this filing does not qualify | | | in Section 119 07/2 | Vi) Florida Statuton | I further cor | tify that the in | nformation |
| ! indicator | d on this rand | art or cupolemental report is | e true and accurate and tha | t my sians | ature shall have | e the same legal effe | ect as it made linder i | nami' mat i a | am an onicer | or airector |
| 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 anaddress, with all other like propowered. | | | | | | | | | | |
| 2/2/2/ | | | | | | | | | | |
| SIGNATURE: | | | | | | | | | | |
| ı | _ | CICNAPAGE AND TYPED OF | PRINTER AND DE SIGNING OFFICE | ER OR DIREC | TOR | | Date | 0 | avrime Phone # | |