

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000094760

1. Entity Name
SOLOMON'S ENTERPRISES (LAWN & GARDEN), INC.



Principal Place of Business
15731 PALMETTO CLUB DRIVE
MIAMI, FL 33157

Mailing Address
9840 SW 163 STREET
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



08022004 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1549753

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, GARY
15731 PALMETTO CLUB DRIVE
MIAMI, FL 33157

**DO NOT WRITE
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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SOLOMON, LEROY A
15731 PALMETTO CLUB DRIVE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOLOMON, GARY L
16214 SW 99TH COURT
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SAMUELS, LORRAINE A
9840 SW 163 STREET
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SOLOMON, LEROY A
15731 PALMETTO CLUB DRIVE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000170263
08/16/04-80009-004 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine A. Samuels

8/2/04

Date

305.804.1528

Daytime Phone #