## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P02000099913** 1. Entity Name 04-30-2004 90356 020 \*\*\*150.00 LAWN CARE BY WORD OF MOUTH, INC. Principal Place of Business Mailing Address .2353 BENSON STREET. 2353 BENSON STREET SARASOTA, FL 34231 -SARASOTA, EL 34231 .... 3. Mailing Address 2. Principal Place of Business P.O. Box Suite, Apt. #, etc. 3223 WOODBERRY LANE Suite, Apt. #, etc. 04282004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 82-0565523 JAKASUKA ARASOFA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ELLIOTT, JEREMY J** Street Address (P.O. Box Number is Not Acceptable) 2353 BENSON STREET SARASOTA, FL 34291 WoodbERRY LANE DARA50 F4 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PRES PRES TITLE ☐ Delete TITLE JEREMY Ellioth 3223 WoodbERRY LANE ELLIOTT, JEREMY J NAME NAME 2353 BENSON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZP SARASOTA, FL. 34231 CITY-ST-ZIP SARASOFA FL 34231 VP ☐ Delete ( Change ☐ Addition TITLE TITLE VP JEREMY Elliott 3223 WoodbERRY LANE TUCKER, GREG-NAME MAME STREET ADDRESS 2353 BENSON STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL-34231 CITY-ST-ZIP SARASOHA FL 34231 Change ☐ Delete ☐ Addition TITLE TITLE JEREMY Elliott 3223 WoodbERRYLANE ELLIOTT, JEREMY J NAME NAME STREET ADDRESS STREET ADDRESS 2353 BENSON STREET SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

**FILED**