

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90111 012 \*\*\*150.00

<b>DOCUMENT # P02000104751</b> 1. Entity Name <b>QUALITY LAWN MAINTENANCE, INC.</b>																																																																																							
Principal Place of Business <b>2956 ROCKAWAY COURT</b> <b>TAMPA, FL 33610</b>		Mailing Address <b>2956 ROCKAWAY COURT</b> <b>TAMPA, FL 33610</b>																																																																																					
2. Principal Place of Business <b>169 Thornbury Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>169 Thornbury Dr.</b> Suite, Apt. #, etc.																																																																																					
City & State <b>Kissimmee, FL</b> Zip <b>34744</b>		City & State <b>Kissimmee, FL</b> Zip <b>34744</b>																																																																																					
Country <b>USA</b>		Country <b>USA</b>																																																																																					
4. FEI Number <b>22-3872963</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																							
6. Name and Address of Current Registered Agent  <b>MCCALL, GAIL E</b> <b>2956 ROCKAWAY COURT</b> <b>TAMPA, FL 33610</b>		7. Name and Address of New Registered Agent Name <b>TAD D. HAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>169 Thornbury Dr.</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34744</b>																																																																																					
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 <b>Tad D. Hand, VP, Secy, Treasurer</b> <b>4-9-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Delete  <b>PD</b>  <b>MCCALL, GAIL E</b>  <b>2956 ROCKAWAY COURT</b>  <b>TAMPA, FL 33610</b> </td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition    </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete  <b>VSTD</b>  <b>HAND, TAD DUDLEY</b>  <b>2956 ROCKAWAY COURT</b>  <b>TAMPA, FL 33610</b> </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition    </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete    </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition    </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete    </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition    </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete    </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition    </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	<input type="checkbox"/> Delete <b>PD</b> <b>MCCALL, GAIL E</b> <b>2956 ROCKAWAY COURT</b> <b>TAMPA, FL 33610</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete <b>VSTD</b> <b>HAND, TAD DUDLEY</b> <b>2956 ROCKAWAY COURT</b> <b>TAMPA, FL 33610</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete  	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete  	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete  	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 <b>Tad D. Hand, VP, Secy, Treasurer</b> <b>4-9-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																							

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