

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-06-2004 90191 010 ***150.00

DOCUMENT # P02000105323					
1. Entity Name A & M LAWN AND IRRIGATION SERVICE, INC.					
Principal Place of Business 358-BENT OAK DRIVE PORT ORANGE, FL 32127			Mailing Address 358-BENT OAK DRIVE PORT ORANGE, FL 32127		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0636972	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JANSEN, ARTHUR J 358-BENT OAK DRIVE PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name THOMPSON, MERVIN R. Street Address (P.O. Box Number is Not Acceptable) 358 BENT OAK DRIVE City PORT ORANGE FL 32127	
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 <i>Mervin R. Thompson</i> (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 JANSEN, ARTHUR J 358-BENT OAK DRIVE PORT ORANGE, FL 32127 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thompson, Mervin R. ☐ Change ☒ Addition 358 Bent Oak Dr Port Orange, FL 32127, Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brenda F. Thompson ☐ Change ☒ Addition 358 Bent Oak Dr Port Orange, FL 32127 Secretary	
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: <i>Mervin R. Thompson</i>			4/30/2004 356-763-0369 Date Daytime Phone #		