

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 017 ***150.00

DOCUMENT # P02000112563

1. Entity Name
LORAX LANDSCAPES, INC.



Principal Place of Business
**4830 NW 74TH PLACE
POMPANO, FL 33073**

Mailing Address
**4830 NW 74TH PLACE
POMPANO, FL 33073**

14004634



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-2382972

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROSS, R. KEVIN E.A.
801 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

JOHANNE TREMBLAY McGAUGHEY

Street Address (P.O. Box Number is Not Acceptable)

4830 NW 74 Place

City

Pompano Bch

FL

Zip Code

33073

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

Johanne Tremblay McGaughey

4/10/04

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **VSD** ☐ Delete
NAME **MCGAUGHEY, KEVIN**
STREET ADDRESS **4830 NW 74TH PLACE**
CITY-ST-ZIP **POMPANO, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **Johanne Tremblay McGaughey**
STREET ADDRESS **4830 NW 74 Place**
CITY-ST-ZIP **Pompano Bch FL 33073**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **KEVIN MCGAUGHEY**
STREET ADDRESS **4830 NW 74 PL**
CITY-ST-ZIP **Pompano Bch, FL 33073**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **Johanne Tremblay McGaughey**
STREET ADDRESS **4830 NW 74 PL**
CITY-ST-ZIP **Pompano Bch, FL 33073**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **Johanne Tremblay McGaughey**
STREET ADDRESS **4830 NW 74 Place**
CITY-ST-ZIP **Pompano Bch FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/04