


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000118959	
1. Entity Name YOUR KIND OF LAWN CARE SERVICE NEW CORP.	

Principal Place of Business 2320 N. 69TH AVE. HOLLYWOOD, FL 33024	Mailing Address 2320 N. 69TH AVE. HOLLYWOOD, FL 33024
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DO NOT WRITE IN THIS SPACE



09152004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3718657 ☐ App ☐ Not

5. Certificate of Status Desired ☐ \$8.75 Addtl Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, THOMAS D
2320 N. 69TH AVE.
HOLLYWOOD, FL 33024

**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, a 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 \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F corporation did not receive the prior n
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, THOMAS D 2320 N. 69TH AVE. HOLLYWOOD, FL 33024
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IN THIS SPACE**

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 inf 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 c 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 I changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Thomas D Mitchell Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *