JUL-19-2004 MON 12:51 PM CARROLL & COOK CPAS FAX N

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90006 034 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128678

1. Entity Name
4-EVER-GREEN LAWN CARE R.K.P., INC.

44049369

07162004 Chg-P CR2E034 (10/03)

Principal Place of Business: ~~10103 NW 46TH STREET~~ 470 Sumter Ave ~~SUNRISE FL 33351~~ Davie, Fl. 33325

Mailing Address: ~~10103 NW 46TH STREET~~ 470 Sumter Ave ~~SUNRISE FL 33351~~ Davie, Fl. 33325

2. Principal Place of Business: 470 Sumter Ave
Suite, Apt. #, etc.
City & State: Davie Fl
Zip: 33325 Country: Broward

3. Mailing Address: 470 Sumter Ave
Suite, Apt. #, etc.
City & State: Davie Fl
Zip: 33325 County: Broward

4. FEI Number: 01-0758941 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEWIS, RICK A
~~10103 NW 46TH STREET~~
~~FORT LAUDERDALE, FL 33325~~
470 Sumter Ave Davie, Fl. 33325

7. Name and Address of New Registered Agent
Name: Lewis, Rick A
Street Address (P.O. Box Number Is Not Acceptable): 470 Sumter Ave
City: Davie FL Zip Code: 33325

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 [signature] 7-20-04
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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEWIS, RICK A 10103 NW 46TH STREET SUNRISE, FL 33351	☑ Delete	DP Lewis, Rick A 470 Sumter Ave Davie, Fl 33325	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LEWIS, GWEN E 10103 NW 46TH STREET SUNRISE, FL 33351	☑ Delete	DST Lewis, Gwen E 470 Sumter Ave Davie, Fl 33325	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 7-20-04 954-325-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #