

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90006 037 ***150.00

DOCUMENT # P02000128707

1. Entity Name
PATZ LAWN SERVICE I, INC.



Principal Place of Business
**7384 COCONUT DRIVE
LAKE WORTH, FL 33467**

Mailing Address
**7384 COCONUT DRIVE
LAKE WORTH, FL 33467**

54066514



07272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0063860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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, and accept 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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATZ, EGON 7384 COCONUT DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUBBLO, MICHAEL 7384 COCONUT DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 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

EGON PATZ

Date

Daytime Phone #

7-29-04 968-0454

Attachment 54066514

JAMES J. DONOVAN, C.P.A. P.A.
3830 JOG ROAD
LAKE WORTH, FL 33467
PHONE: (561) 641-9550 FAX: (561) 641-4781

JULY 27, 2004

CERTIFIED RETURN
RECEIPT REQUESTED

7000 0600 0027 1617 7123

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FL 32314

RE: PATZ LAWN SERVICE, INC
2004 UNIFORM BUSINESS REPORT
DOCUMENT#: P02000128707

DEAR SIR/MADAM:


PLEASE BE ADVISED OF THE FOLLOWING FACTS AND CIRCUMSTANCES
REGARDING THE LATE FILING OF THE ABOVE FORM.

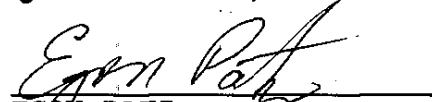
THE TAXPAYER DID NOT RECEIVE THE UNIFORM BUSINESS REPORT AND HAD NO
KNOWLEDGE OF THE FILING REQUIREMENTS. THEREFORE WE BELIEVE
REASONABLE CAUSE EXISTS FOR YOU WAIVING THE ASSESSED PENALTY.

WE HAVE ENCLOSED THE 2004 UNIFORM BUSINESS REPORT ALONG WITH A
CHECK FOR \$150.00 FOR THE FILING FEE.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE US A CALL.

SINCERELY,


JAMES DONOVAN, CPA


EGON PATZ