

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90035 008 ***150.00

DOCUMENT # P02000133561					
1. Entity Name A LOW COST LAWN SERVICE, INC.					
Principal Place of Business 6924 STONESTHROW CIRCLE N #8206 ST PETERSBURG, FL 33710-4754			Mailing Address 6924 STONESTHROW CIRCLE N #8206 ST PETERSBURG, FL 33710-4754		
2. Principal Place of Business 257 LINCOLN CIR. S.W. Suite, Apt. #, etc. # 3206		3. Mailing Address P.O. Box 40481 Suite, Apt. #, etc.		94059993	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		4. FEI Number 061667055	
Zip 33703		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAVIS, MICHAEL P 6924 STONESTHROW CIRCLE N #8206 ST PETERSBURG, FL 33710-4754		7. Name and Address of New Registered Agent Name TRAVIS, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 257 LINCOLN CIR. S.W. # 3206 City ST. PETERSBURG FL Zip Code 33703			
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 <u>Michael P. Travis</u> MICHAEL P. TRAVIS <u>04/15/04</u> 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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, MICHAEL P 6924 STONESTHROW CIRCLE N #8206 ST PETERSBURG, FL 337104754	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAVIS, MICHAEL P 257 LINCOLN CIR. S.W. ST. PETERSBURG FL 33703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHANSTIEL, GUSTAV C 2176 WINCHESTER RD UNIT 3 ST PETERSBURG, FL 33710	☐ 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	
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: <u>Michael P. Travis</u> MICHAEL P. TRAVIS <u>04/15/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #					