

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90028 012 \*\*\*163.75

**DOCUMENT # P03000000627**

1. Entity Name

ALEX A. LOPEZ LAWN SERVICES INC.



Principal Place of Business

715 SW HOGAN STREET  
PORT ST. LUCIE FL 34983

Mailing Address

715 SW HOGAN STREET  
PORT ST. LUCIE FL 34983

2. Principal Place of Business

715 SW HOGAN ST

Suite, Apt. #, etc.

3. Mailing Address

715 SW HOGAN ST

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

Zip

34983

Country

St. Lucie

City & State

Port St. Lucie FL

Zip

34983

Country

St. Lucie

4. FEI Number

57-144140

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

LOPEZ, ALEX A  
715 SW HOGAN STREET  
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name Phillip J. Castellanos

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

715 SW HOGAN ST

City Port St. Lucie

FL

Zip Code

34983

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)

2/13/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOPEZ, ALEX A  
CITY-ST-ZIP 715 SW HOGAN STREET  
PORT ST. LUCIE FL 34983

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 ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Phillip J. Castellanos  
CITY-ST-ZIP 715 SW HOGAN ST  
Port St. Lucie FL 34983

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

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

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

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

2/13/04

Date

Daytime Phone #