

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002020

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ALL SEASON LAWN SERVICE & LANDSCAPING INC.

## Current Principal Place of Business:

1420 SUGAR CANE DR  
KISSIMMEE, FL 37444

## New Principal Place of Business:

1704 JUNIPER CIRCLE  
SAINT CLOUD, FL 34769

## Current Mailing Address:

1420 SUGAR CANE DR  
KISSIMMEE, FL 37444

## New Mailing Address:

1704 JUNIPER CIRCLE  
SAINT CLOUD, FL 34769

FEI Number: 33-1041129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUTTER, BERNARD R  
3036 BIG SKY BLVD  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: THOMPSON, DONALD L JR  
Address: 1420 SUGAR CANE DR  
City-St-Zip: KISSIMMEE, FL 37444

Title: D ( ) Delete  
Name: THOMPSON, VIRGINIA L  
Address: 1420 SUGAR CANE DR  
City-St-Zip: KISSIMMEE, FL 37444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: THOMPSON, DONALD L JR  
Address: 1704 JUNIPER CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D (X) Change ( ) Addition  
Name: THOMPSON, VIRGINIA L  
Address: 1704 JUNIPER CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA L THOMPSON

D

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date