

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90040 048 ***150.00

DOCUMENT # P03000006250

1. Entity Name
GREENLAWN MAINTENANCE & LANDSCAPE, INC.



Principal Place of Business Mailing Address
15210 AMBERLY DRIVE, APT. 712 **15210 AMBERLY DRIVE, APT. 712**
TAMPA, FL 33647 **TAMPA, FL 33647**

2. Principal Place of Business 3. Mailing Address
9326 HUNTINGTON PARK WAY *9326 HUNTINGTON PARK WAY*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA FL *TAMPA FL*
 Zip Zip Country Country
33647 *33647* *USA* *USA*



01282004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
54-2093140 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MCDERMOTT, MICHAEL J
791 WEST LUMSDEN ROAD
BRANDON, FL 33511

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 MILAM, CHRISTOPHER D 15210 AMBERLY DRIVE, APT. 712 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9326 HUNTINGTON PARK WAY</i> <i>TAMPA FL 33647</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Chris Milam* *1/28/04* *(813) 468-3808*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #