


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90038 047 \*\*\*158.75

**DOCUMENT # P03000006755**  
 1. Entity Name  
**CONSISTENT LAWN MAINTENANCE INC.**




Principal Place of Business      Mailing Address  
 3494 OLD HWY 60                      3494 OLD HWY 60  
 MULBERRY, FL 33860                  MULBERRY, FL 33860

2. Principal Place of Business      3. Mailing Address  
**2210 Velvet Way**                      **2210 Velvet Way**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
**Lakeland, FL**                              **Lakeland, FL**

Zip                      Country                      Zip                      Country  
**33811**                      **Polk**                      **33811**                      **Polk**

**54034773**



04122004      Chg-P      CR2E034 (10/03)

4. FEI Number                              Applied For  
**02-0669600**                               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**

BRYANT, IRA W JR  
 3494 OLD HWY 60  
 MULBERRY, FL 33860

Name  
**Ira W. Bryant, Jr**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2210 Velvet Way**  
 City      **Lakeland**      **FL**      Zip Code **33811**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, E. LYZETTE	NAME	Same
STREET ADDRESS	3494 OLD HWY 60	STREET ADDRESS	2210 Velvet Way
CITY-ST-ZIP	MULBERRY, FL 33860	CITY-ST-ZIP	Lakeland, FL 33811
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, IRA W JR	NAME	Same
STREET ADDRESS	3494 OLD HWY 60	STREET ADDRESS	2210 Velvet Way
CITY-ST-ZIP	MULBERRY, FL 33860	CITY-ST-ZIP	Lakeland, FL 33811
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *E Lyzette Bryant*      4/13/04 (803) 416-2919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #