

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/5/

FILED
Jul 16, 2004 8:00 am
Secretary of State

05-05-2004 90212 009 ***150.00

DOCUMENT # P03000010971

1. Entity Name

FOUR SEASONS LAWN CARE INC.



Principal Place of Business

P.O. BOX 1358
EUSTIS FL 32726

Mailing Address

P.O. BOX 1358
EUSTIS FL 32726

66430079



MOORE CR2E034 (11/03)

2. Principal Place of Business

Four Seasons Lawn Care, Inc.
P.O. Box 359283
Grand Island, FL 32735
(352) 445-4453

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

90-0061197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY FL 32351-0000

7. Name and Address of New Registered Agent

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

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 \$350.00

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 **WISEMAN, RICHARD K**
CITY-ST-ZIP **36129 VIA GRAN**
GRAND ISLAND FL 32735

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WISEMAN, MICHELLE L**
CITY-ST-ZIP **36129 VIA GRAN**
GRAND ISLAND FL 32735

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
STREET ADDRESS
CITY-ST-ZIP

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

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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

Richard K. Wiseman **Richard K. Wiseman**

7-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #