2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2004 8:00 am

TROPICAL LAWN CARE INC. Principal Place of Business 3324 PEARSON ROAD 3245 CLOSE 3255 Country 325 Cou	DOCUMENT # P03000015240				Secretary of State	
323 PEARSON ROAD VALREO, FL 33594 2. Principal Proce of Business 809 Discrept Control Suite, Apr. 4, etc. 3.4 Aquilleg Adjetes 809 Discrept Control Suite, Apr. 4, etc. 3.4 Aquilleg Adjetes Suite, Apr. 4, etc. 3.4 Aquilleg Adjetes Suite, Apr. 4, etc. 3.5 Suite, Apr. 4, etc. 3.6 Suite, Apr. 4, etc. 3.7 Suite, Apr. 4, etc. 3.7 Suite, Apr. 4, etc. 3.8 Suite, Apr. 4, etc. 3. Centricate of Strains Desired 3.8 Suite, Apr. 4, etc. 3.8 Suite, Apr. 4, etc. 3.8 Centricate of Strains Desired 3.8 Suite, Apr. 4, etc. 3.8 Centricate of Strains Desired 3.8 Suite, Apr. 4, etc. 3.8 Centricate of Strains Desired 3.8 Suite, Apr. 4, etc. 3.8 Centricate of Strains Desired 3.8 Suite, Apr. 4, etc. 3.8 Centricate of Strains Desired 3.8 Suite, Apr. 4, etc. 3. Centricate of Strains Desired 3.8 Suite, Apr. 4, etc. 3. Centricate of Strains Desired 3. Suite, Apr. 4, etc. 3	1. Entity Name				02-18-2004 90016 047 ***158.75	
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Security Securi					4. FEI Number Applied For	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agent, or both, in the State of Florica. 8. The above registered agent, or both, in the State of Florica. I am farmisis with, and accept the colligations of registered agen				- <u>L</u>		
BALDERSTON, LOUIS N 3324 PEARSON ROAD VALRICO, FL 33594 6. 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 SYSTAM, Yord of correct forms along and large state depictions. PILE NOW!! PEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. D. ADDITIONS/GHANGESTO OFFICERS AND DIRECTORS IN 11. TITLE D BALDERSTON, LOUIS N SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2P VALRICO, FL 33594 TILE MAKE SIRET ADDRESS CITY-ST-2P TILE Debtis TILE MAKE SIRET ADDRESS CITY-ST-2P TILE MAKE	3359	14 1KA				
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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: