


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-26-2004 90420 039 ***150.00

DOCUMENT # P03000019210

1. Entity Name
M & N LANDSCAPING & CONSTRUCTION CORP.



Principal Place of Business
**13508 SANTA ROSA AVE
 PT CHARLOTTE FL 33981**

Mailing Address
**13508 SANTA ROSA AVE
 PT CHARLOTTE FL 33981**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

4. FEI Number
55-0828218 140612

Applied For
 Not Applicable

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

66427349



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**FRANCIS, MORTIMER
 13508 SANTA ROSA AVE
 PT CHARLOTTE FL 33981**

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 MORTIMER FRANCIS OWNER FRANCIS OWNER Mortimer Francis 11-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing stamp) 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------------------------------------------|-----------------------|---------------------------------|
| P | FRANCIS, MORTIMER E | 13508 SANTA ROSA AVE 8358 MATECUMBE RD | PT CHARLOTTE FL 33981 | <input type="checkbox"/> |
| V | FRANCIS, PERL E | 13508 SANTA ROSA AVE 8358 MATECUMBE RD | PT CHARLOTTE FL 33981 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: Mortimer Francis
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____