


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90026 041 ***150.00

DOCUMENT # P03000033626	
1. Entity Name IN-TOUCH LAWN SERVICE, INC.	

Principal Place of Business 1925 CARLOS AVENUE CLEARWATER FL 33755	Mailing Address 1925 CARLOS AVENUE CLEARWATER FL 33755
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2. Principal Place of Business 1925 CARLOS AVE.	3. Mailing Address 1925 CARLOS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLWR, FL	City & State CLWR, FL
Zip 33755	Zip 33755
Country Pinellas	Country Pinellas

4. FEI Number 55-0826965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent MARCELLO, LAURESE 1925 CARLOS AVENUE CLEARWATER FL 33755	
7. Name and Address of New Registered Agent Name: Laurese Marcello Street Address (P.O. Box Number is Not Acceptable): 1925 Carlos Ave City: FL Zip Code: 33755	

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: *Laurese Marcello* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCELLO, LAURESE 1925 CARLOS AVENUE CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCELLO, LAURESE 1925 CARLOS AVENUE CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Laurese Marcello* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-27-04 Daytime Phone #: 7274612221