2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# P03000037187

Entity Name: ABSOLUTE LAWN SERVICES INC.

Current Principal Place of Business:

P.O. BOX 700654
ST. CLOUD, FL 34770

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700654
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 71-0936924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROHE, DAVID
1140 CREEKWOODS CIRCLE
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CROHE, DAVID
Address: 1140 CREEKWOODS CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

Title: SD ( ) Delete
Name: CROHE, MELISSA
Address: 1140 CREEKWOODS CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CROHE PD 01/28/2004

Electronic Signature of Signing Officer or Director Date