


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-09-2004 90025 020 ***150.00

DOCUMENT # P03000043522 1. Entity Name SERVICE AMERICA LAWN MAINTENANCE, INC.					
Principal Place of Business 4400 BAYOU BLVD. SUITE 26 A PENSACOLA FL 32503			Mailing Address 4400 BAYOU BLVD. SUITE 26 A PENSACOLA FL 32503		
2. Principal Place of Business 1663 Condor Dr.		3. Mailing Address 1663 Condor Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cantonment, FL		City & State Cantonment, FL		4. FEI Number 56-2347833	
Zip 32533 Country USA		Zip 32533 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLON, GARY 4400 BAYOU BLVD. SUITE 26 A PENSACOLA FL 32503			7. Name and Address of New Registered Agent Name Colon, Gary Street Address (P.O. Box Number is Not Acceptable) 1663 Condor Dr. City Cantonment FL Zip Code 32533		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLON, GARY 4400 BAYOU BLVD. SUITE 26 A PENSACOLA FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gary Colon, Gary 1663 Condor Dr. Cantonment, FL 32533	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLON, RENEE 4400 BAYOU BLVD. SUITE 26 A PENSACOLA FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Colon, Renee 1663 Condor Dr. Cantonment, FL 32533	<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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					