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FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91210 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048005

1. Entity Name
URGENT GROUNDS MAINTENANCE, INC.

Principal Place of Business	Mailing Address
3434 OVERLOOK DR NE ST PETERSBURG, FL 33703	3434 OVERLOOK DR NE ST PETERSBURG, FL 33703

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 56024
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St. Petersburg, Fl
Zip / Country	Zip: 33732 Country: U.S.A

4. FEI Number: 03-0516321 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRWAFORD, DENO T
3434 OVERLOOK DR NE
ST PETERSBURG, FL 33703

7. Name and Address of New Registered Agent

Name: CRAWFORD, DENO T
Street Address (P.O. Box Number is Not Acceptable): 3434 OVERLOOK DR. N.E
City: ST PETERSBURG FL Zip Code: 33703

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: X [signature] DENO T. CRAWFORD DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	D CRAWFORD, DENO T 3434 OVERLOOK DR NE ST PETERSBURG, FL 33703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: X [signature] DENO T CRAWFORD PRESIDENT 4/30/04 727-510-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #