

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

09-24-2004 90001 014 \*\*\*550.00

**DOCUMENT # P03000048679**

1. Entity Name

P&K QUALITY LAWN SERVICE INC.



Principal Place of Business

2731 SHENANDOAH ST.  
NORTH PORT FL 34287  
US

Mailing Address

2731 SHENANDOAH ST.  
NORTH PORT FL 34287  
US

2. Principal Place of Business

1128 SW 44 Terrace

Suite, Apt. #, etc.

3. Mailing Address

1128 SW 44 Terrace

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

4. FEI Number

65-1185371

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, KRISTEN M  
2731 SHENANDOAH ST.  
NORTH PORT FL 34287

Name Smith, Kristen M

Street Address (P.O. Box Number is Not Acceptable)

1128 SW 44 Terrace

City Deerfield Beach

FL

Zip Code

33442

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

Kristen M. Smith Kristen M. Smith

9/7/04

Signature, typed or printed name of registered agent and title if applicable.

(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.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | SMITH, KRISTEN M    |                                 |
| STREET ADDRESS | 2731 SHENANDOAH ST. |                                 |
| CITY-ST-ZIP    | NORTH PORT FL 34287 |                                 |
| TITLE          | VP                  | <input type="checkbox"/> Delete |
| NAME           | SMITH, KRISTEN M    |                                 |
| STREET ADDRESS | 2731 SHENANDOAH ST. |                                 |
| CITY-ST-ZIP    | NORTH PORT FL 34287 |                                 |
| TITLE          | TRES                | <input type="checkbox"/> Delete |
| NAME           | SMITH, PATRICK T    |                                 |
| STREET ADDRESS | 2731 SHENANDOAH ST. |                                 |
| CITY-ST-ZIP    | NORTH PORT FL 34287 |                                 |
| TITLE          | SEC                 | <input type="checkbox"/> Delete |
| NAME           | SMITH, PATRICK T    |                                 |
| STREET ADDRESS | 2731 SHENANDOAH ST. |                                 |
| CITY-ST-ZIP    | NORTH PORT FL 34287 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Smith, Kristen M         |  |
| STREET ADDRESS | 1128 SW 44 Terrace       |  |
| CITY-ST-ZIP    | Deerfield Beach FL 33442 |  |
| TITLE          | VP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Smith, Kristen M         |  |
| STREET ADDRESS | 1128 SW 44 Terrace       |  |
| CITY-ST-ZIP    | Deerfield Beach FL 33442 |  |
| TITLE          | T                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Smith, Patrick T         |  |
| STREET ADDRESS | 1128 SW 44 Terrace       |  |
| CITY-ST-ZIP    | Deerfield Beach FL 33442 |  |
| TITLE          | S                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Smith, Patrick T         |  |
| STREET ADDRESS | 1128 SW 44 Terrace       |  |
| CITY-ST-ZIP    | Deerfield Beach FL 33442 |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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:

Kristen M. Smith Kristen M. Smith

9/7/04

941-276-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #