

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90002 032 ***150.00

DOCUMENT # P03000050814 1. Entity Name ESTATE GROUNDS MAINTENANCE INC.			
Principal Place of Business 5905 ALTEC RD ORLANDO, FL 32808		Mailing Address 5905 ALTEC RD ORLANDO, FL 32808	
2. Principal Place of Business 6205 Beechmont Blvd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 683038 Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32808		Zip 32808	
Country USA		Country USA	
4. FEI Number 71-0945507		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOCKEN, SCOTT M 5905 ALTEC RD ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Gocken Scott M. Street Address (P.O. Box Number is Not Acceptable) 6205 Beechmont Blvd. City Orlando FL Zip Code 32808	
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 <u><i>Scott Gocken</i></u> DATE <u>9-23-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P LAMEAU, PATRICK R 5905 ALTEC RD ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Scott Gocken M. 6205 Beechmont Blvd. Orlando FL 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V GOCKEN, SCOTT M 5905 ALTEC RD ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<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: <u><i>Scott Gocken</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9-23-04</u> Daytime Phone # <u>407-466-1949</u>	