

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90095 018 ***150.00

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1. Entity Name

THE MOW PATROL, INC.



Principal Place of Business

STE 1102, 2931 NE 185 ST
AVENTURA FL 33180-3848

Mailing Address

STE 1102, 2931 NE 185 ST
AVENTURA FL 33180-3848

2. Principal Place of Business

4761 SW 57TH AVENUE

3. Mailing Address

4761 SW 57TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVE FLORIDA

City & State

DAVE FLORIDA

Zip

33314

Country

UNITED STATES

Zip

33314

Country

UNITED STATES

6. Name and Address of Current Registered Agent

FRIEDER, WILLIAM A ESQ
3714 WICKLOW CIR
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE PD
NAME FRIEDER, MARC S
STREET ADDRESS STE 1102, 2931 NE 185 ST
CITY-ST-ZIP AVENTURA FL 33180-3848

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FRIEDER, MARC S
STREET ADDRESS 4761 SW 57TH AVENUE
CITY-ST-ZIP DAVE FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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:

Marc Frieder MARC FRIEDER

Date

Daytime Phone #