2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 10, 2004 8:00 am Secretary of State **DOCUMENT # P03000069529** 04-19-2004 90717 023 \*\*\*150.00 1. Entity Name E & M LAWN & LANDSCAPE, INC. Principal Place of Business Mailing Address 813 NW GREENWICH CT. PORT ST. LUCIE FL 34983 813 NW GREENWICH CT. PORT ST. LUCIE FL 34983 66420584 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number Not Applicable 14-1882036 Žίρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASSETT, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 813 NW GREENWICH CT. PORT ST. LUCIE FL 34983 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE PRESIDENT ☐ Delete TIDS ☐ Chance MICHAEL F. BASSET NAME NAME 813 NW GREENWICH CT PORT ST LUCIE FL 344 STREET ADDRESS STREET ANDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE THEF NAME CALC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_ CI!Y-51-ZIP ☐ Deleta TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-21P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P 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.

MICHAEL F.BASSETT-PRESIDENT

**FILED**