


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90007 045 \*\*\*150.00

**DOCUMENT # P03000075813**

1. Entity Name  
**TENDER LAWN CARE OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**POST OFFICE BOX 5208  
ORMOND BEACH, FL 32175**

Mailing Address  
**POST OFFICE BOX 5208  
ORMOND BEACH, FL 32175**

**54056156**



2. Principal Place of Business  
**PO Box 5208**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 5208**  
Suite, Apt. #, etc.

05082004 Chg-P CR2E034 (10/03)

City & State  
**ORMOND BEACH FL**

City & State  
**ORMOND BEACH FL**

Zip  
**32175**

Country  
**Volusia**

Zip  
**32175**

Country  
**Volusia**

4. FEI Number  
**200095287**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHEEHAN, PATRICK  
1721 RIDGEWOOD AVENUE  
SUITE D  
HOLLY HILL, FL 32117**

7. Name and Address of New Registered Agent  
Name  
**Brent Pryor**  
Street Address (P.O. Box Number is Not Acceptable)  
**3737 Mayo Circle**  
City  
**ORMOND BEACH** FL Zip Code  
**32174**

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  DATE **May 27, 04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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	<b>P PRYOR, BRENT POST OFFICE BOX 5208 ORMOND BEACH, FL 32175</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:  DATE **May 27, 04** 38-453-9182 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR