

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-14-2004 90051 009 ***150.00

DOCUMENT # P03000082453			
1. Entity Name NOLAN TORKELSON LAWN, INC.			
Principal Place of Business 431 OLD MAIN ST., STE. D BRADENTON, FL 34205		Mailing Address 431 OLD MAIN ST., STE. D BRADENTON, FL 34205	
2. Principal Place of Business 431 Old Main St. W		3. Mailing Address 431 Old Main St., W.	
Suite, Apt., etc. Suite 203		Suite, Apt., etc. Suite 203	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34205	Country USA	Zip 34205	Country USA
4. FEI Number 54-2121711		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILCOX, DAVID W. ESQ. 308 13TH ST. WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Torkelson, Meredith A. Street Address (P.O. Box Number is Not Acceptable) 431 Old Main St., w Suite 203 City Bradenton FL Zip Code 34205	
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 <i>Meredith A. Torkelson</i> DATE 4-12-04 (NOTE: Registered Agent signature required when renouncing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D WILCOX, DAVID W 308 13TH ST. WEST BRADENTON, FL 34205 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nolan, Thomas P. 431 Old Main Street, W Ste 203 Bradenton, FL 34205 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Torkelson, Meredith A. 4305 14th Avenue East Bradenton, FL 34208 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Meredith A. Torkelson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-12-04 941-744-0660 Daytime Phone #	

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