

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90046 030 \*\*\*158.75

**DOCUMENT # P03000091464**

1. Entity Name

LITHIA MOWING SERVICE, INC.



Principal Place of Business

802 EAST KEYSVILLE ROAD  
PLANT CITY FL 33567

Mailing Address

802 EAST KEYSVILLE ROAD  
PLANT CITY FL 33567

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*59-3263880*

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPROUSE, DAVID R  
802 EAST KEYSVILLE ROAD  
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name

*SAME*

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

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

*DAVID R. SPROUSE*

*David R. Sprouse*

*2-27-04*

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	DP	<input type="checkbox"/> Delete
NAME	SPROUSE, DAVID R	
STREET ADDRESS	802 EAST KEYSVILLE ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SPROUSE, HOLLY K	
STREET ADDRESS	802 EAST KEYSVILLE ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SPROUSE, ANTHONY	
STREET ADDRESS	802 EAST KEYSVILLE ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SPROUSE, ANDY J	
STREET ADDRESS	802 EAST KEYSVILLE ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*David R. Sprouse*

*DAVID R. SPROUSE*

*2-27-04*

*737-3019*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #