


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90021 028 ***150.00

DOCUMENT # P03000094487

1. Entity Name
REED'S LAWN CARE SERVICE, INC.



Principal Place of Business
**240 PALM COURT DRIVE
 UMATILLA, FL 32784**

Mailing Address
**240 PALM COURT DRIVE
 UMATILLA, FL 32784**

2. Principal Place of Business
240 Palm Court Drive

3. Mailing Address
P.O. Box 893

Suite, Apt. #, etc.

City & State
Umatilla, FL

City & State
Umatilla, FL

Zip
32784

Country
Lake



01082004 Chg-P CR2E034 (10/03)

4. FEI Number
26-0069139

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**REED, CHRISTOPHER K
 240 PALM COURT DRIVE
 UMATILLA, FL 32784**

7. Name and Address of New Registered Agent
 Name
 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: Christopher K Reed Christopher K. Reed
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

President 1/25/04
DATE

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 <input type="checkbox"/> Delete REED, CHRISTOPHER K 240 PALM COURT DRIVE UMATILLA, FL 32784	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REED, DENISE E 240 PALM COURT DRIVE UMATILLA, FL 32784	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: Christopher K Reed Christopher K. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/25/04 (352)669-6699
Date Daytime Phone #