

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095965

FILED
Apr 17, 2004
Secretary of State

Entity Name: GREENER PASTURES LAWN CARE, INC.

Current Principal Place of Business:

2103 ELIZABETH AVENUE
FORT PIERCE, FL 34982

New Principal Place of Business:

591 SE RON RICO TER
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

2103 ELIZABETH AVENUE
FORT PIERCE, FL 34982

New Mailing Address:

591 SE RON RICO TER
PORT ST LUCIE, FL 34983 US

FEI Number: 83-0369145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKHARDT, LORI M
2103 ELIZABETH AVENUE
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

MURPHY, NEVILLE
591 SE RON RICO TER
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE: NEVILLE MURPHY

04/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKHARDT, LORI
Address: 2103 ELIZABETH AVE
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURPHY, NEVILLE
Address: 591 SE RON RICO TER
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEVILLE MURPHY

P

04/17/2004

Electronic Signature of Signing Officer or Director

Date