

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90416 025 ***150.00

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1. Entity Name
STRICKLAND'S LAWN SERVICE, INC.



Principal Place of Business
22571 W. LOOP RD.
GROVELAND, FL 34736

Mailing Address
22571 W. LOOP RD.
GROVELAND, FL 34736



04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0845643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, DANIEL L
22571 W. LOOP RD.
GROVELAND, FL 34736

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 Daniel L Strickland DANIEL L. STRICKLAND PRESIDENT 4-29-04
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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	STRICKLAND, DANIEL L	
STREET ADDRESS	22571 W. LOOP RD.	
CITY- ST- ZIP	GROVELAND, FL 34736	
TITLE	VD	☐ Delete
NAME	STRICKLAND, JACK D	
STREET ADDRESS	22571 W. LOOP RD.	
CITY- ST- ZIP	GROVELAND, FL 34736	
TITLE	SD	☐ Delete
NAME	STRICKLAND, JOELLA B	
STREET ADDRESS	22571 W. LOOP RD.	
CITY- ST- ZIP	GROVELAND, FL 34736	
TITLE	TD	☐ Delete
NAME	STRICKLAND, JANICE E	
STREET ADDRESS	22571 W. LOOP RD.	
CITY- ST- ZIP	GROVELAND, FL 34736	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ 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: Daniel L Strickland DANIEL L. STRICKLAND 4-29-04 352-315-1189
Signature and typed or printed name of signing officer or director Date Daytime Phone #