



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90062 017 ***150.00

DOCUMENT # P03000107901 1. Entity Name ALLEN LAWN CARE INC.					
Principal Place of Business 442 N WABASH AVE LAKELAND, FL 33815		Mailing Address 442 N WABASH AVE LAKELAND, FL 33815			
2. Principal Place of Business 442 N WABASH AVE Suite, Apt. #, etc.		3. Mailing Address 2255 NEW TAMPA HWY Suite, Apt. #, etc.		24025134 	
City & State Lakeland, FL Zip 33815		City & State LAKELAND, FL Zip 33810		4. FEI Number 20-0333653	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNIS, MELODY M 442 N WABASH AVE LAKELAND, FL 33815				7. Name and Address of New Registered Agent Name WILBUR ALLEN, JR. Street Address (P.O. Box Number is Not Acceptable) 2255 NEW TAMPA HWY City LAKELAND	
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.				FL Zip Code 33810	
SIGNATURE <i>Wilbur Allen Jr</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 3/15/04 (NOTE: Registered Agent Signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			President Deborah Allen 950 Keen Ct Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			V-President Wilbur Allen 950 Keen Ct. Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Wilbur Allen Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/15/04 Daytime Phone # 863-202-4678					