

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90045 031 \*\*\*150.00

00416413



MOORE CR2E034 (11/03)

| <b>DOCUMENT # P03000114522</b><br>1. Entity Name<br><b>FATHER &amp; SON LAWN CARE &amp; TREE REMOVAL INC.</b>   |                          |                                 |   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|---|--------------------------|---------------------------------|---|---|---|----------------------------|--|--|---|--|--|-------|--------------------------|---------------------------------|-------|--|---|------|---------------------|--|------|--|--|----------------|--------------------|--|----------------|--|--|-------------|------------------|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>819 CATALINA DRIVE<br/>SANFORD FL 32771</b>   |                          |                                 | Mailing Address<br><b>819 CATALINA DRIVE<br/>SANFORD FL 32771</b>   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |                          |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State  |                          |                                 | City & State  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip   |                          | Country                         |   | 4. FFI Number<br><b>900085501</b>   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |                          |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PARKINSON, RONALD G<br/>819 CATALINA DRIVE<br/>SANFORD FL 32771</b>   |                          |                                 |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                          |                                 |   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                          |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P<br/>PARKINSON, RONALD G</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PARKINSON, RONALD G</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">819 CATALINA DRIVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">SANFORD FL 32771</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                          |                                 |   |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | P<br>PARKINSON, RONALD G | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | PARKINSON, RONALD G |  | NAME |  |  | STREET ADDRESS | 819 CATALINA DRIVE |  | STREET ADDRESS |  |  | CITY-ST-ZIP | SANFORD FL 32771 |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS  |                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | P<br>PARKINSON, RONALD G | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | PARKINSON, RONALD G      |                                 | NAME  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | 819 CATALINA DRIVE       |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | SANFORD FL 32771         |                                 | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|   |                          |                                 |   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                          |                                 | NAME  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|   |                          |                                 |   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                          |                                 | NAME  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|   |                          |                                 |   |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                          |                                 | NAME  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                          |                                 | 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: <u>X Ronald Parkinson</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                          |                                 |   | Date <u>4/2/04</u> Daytime Phone # _____  |   |                            |  |  |   |  |  |       |                          |                                 |       |  |   |      |                     |  |      |  |  |                |                    |  |                |  |  |             |                  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |