

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91043 035 \*\*\*158.75

<b>DOCUMENT # P03000115503</b>
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1. Entity Name  
EAGLE VISION LAWN CARE & SPECIAL SERVICES, INC.

Principal Place of Business  
6906 CASTILLO COURT  
ORLANDO, FL 32822

Mailing Address  
6906 CASTILLO COURT  
ORLANDO, FL 32822



2. Principal Place of Business  
6906 CASTILLO Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
6906 CASTILLO Ct.  
Suite, Apt. #, etc.

03012004 Chg-P CR2E034 (10/03)

City & State  
ORLANDO FLORIDA  
Zip 32822 Country ORANGE

City & State  
ORLANDO FLORIDA  
Zip 32822 Country ORANGE

4. FEI Number  
20-0313930  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MILLER, RICHARD A  
6906 CASTILLO COURT  
ORLANDO, FL 32822

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 \_\_\_\_\_  
1. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, RICHARD A 6906 CASTILLO COURT ORLANDO, FL 32822 <input type="checkbox"/> Delete	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: Richard Miller RICHARD MILLER 4-23-04 407 273 6461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #