

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 12, 2004 8:00 am
Secretary of State

03-26-2004 90030 001 ***150.00

DOCUMENT # P03000121781

1. Entity Name
R & D LAWN CARE, INC.



Principal Place of Business
**9340 N 56 ST #220A
TAMPA, FL 33617**

Mailing Address
**9340 N 56 ST #220A
TAMPA, FL 33617**

66410817



2. Principal Place of Business

236 Kentucky Ave
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 730
Suite, Apt. #, etc.

03102004 Chg-P CR2E034 (10/03)

City & State

Crystal Beach FL

City & State

Crystal Bch FL

4. FEI Number

80-0080258

Applied For

Not Applicable

Zip

34681

Country

Zip

34681

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUMMERS, WENDY
9340 N 56 ST #220A
TAMPA, FL 33617**

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

Wendy Summers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-nesting)

3/22/04

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 **SUMMERS, WENDY**
STREET ADDRESS **9340 N 56 ST #220A**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **Secretary, V.P.** ☐ Delete

NAME **Rory Summers**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

NAME **Wendy Summers**
STREET ADDRESS **PO Box 730**
CITY-ST-ZIP **Crystal Bch FL 34681**

TITLE **Secretary, Treas. V.P.** ☒ Change ☐ Addition

NAME **Rory Summers**
STREET ADDRESS **PO Box 730**
CITY-ST-ZIP **Crystal Bch FL 34681**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

Wendy Summers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #