


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 91020 040 ***150.00

DOCUMENT # P03000125337			
1. Entity Name RICHARD'S A CUT ABOVE LAWN SERVICE, INC.			
Principal Place of Business 1013 BRISTOL LAKES APT. 208 MT DORA FL 32757		Mailing Address PO BOX 34 TANGERINE FL 32777	
2. Principal Place of Business 6947 CLUB CR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MT DORA FL		City & State	
Zip 32757	Country FLA-96	Zip	Country
6. Name and Address of Current Registered Agent GARDNER, RICHARD 1013 BRISTOL LAKES APT 208 MT DORA FL 32757		7. Name and Address of New Registered Agent Name: Richard Gardner Street Address (P.O. Box Number is Not Acceptable): 6947 CLUB CR City: MT DORA FL Zip Code: 32757	
<p>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.</p> <p>SIGNATURE: <i>Richard Gardner</i> DATE: 4-22-04</p> <p><small>(NOTE: Registered Agent signature required when reinstating)</small></p>			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME GARDNER, RICHARD	TITLE	NAME
STREET ADDRESS 6947 CLUB CR	CITY-ST-ZIP MT DORA FL 32757	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<p>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.</p> <p>SIGNATURE: <i>Richard Gardner</i> DATE: 4-22-04</p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>			



MOORE CR2E034 (11/03)

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