2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2004 8:00 am Secretary of State DOCUMENT # P03000126831 1. Entity Name 02-18-2004 90025 042 ***150.00 LEE'S MOWING & GRADING, INC. Principal Place of Business Mailing Address 9407 DELFT ROAD 9407 DELFT ROAD SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number 0372013 Applied For City & State City & State Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIZEMORE, MARY JANE Street Address (P.O. Box Number is Not Acceptable) 3901 BAHIA VISTA STREET **LOT 319** SARASOTA FL 34232 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition MILLER, LEE J NAME NAME STREET ADDRESS 9407 DELFT ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE COOK, WAYNE T NAME NAME STREET ADDRESS STREET ADDRESS **4834 ELFRIDA AVENUE** CITY-ST-78P CITY-ST-ZIP SARASOTA FL 34235 Director TITLE □ Delete TITLE 😿 Change Addition NAME COOK, NICHOLAS R NAME STREET ADDRESS STREET ADDRESS 9407 DELFT ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-7IP 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. Mariyan Miller

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