


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90223 001 ***150.00

DOCUMENT # P03000131989 1. Entity Name BLASTIC'S LAWN CARE & LANDSCAPING, INC.																													
Principal Place of Business 1015 ROBIN LANE WINTER HAVEN, FL 33884 US			Mailing Address 1015 ROBIN LANE WINTER HAVEN, FL 33884 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03172004 Chg-P CR2E034 (10/03) 4. FEI Number 20-0558437 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BLASTIC, KARL 1015 ROBIN LANE WINTER HAVEN, FL 33884																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
--FILE NOW!!!--FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PST</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLASTIC, KARL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1015 ROBIN LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER HAVEN, FL 33884</td> <td></td> </tr> </table>			TITLE	PST	<input type="checkbox"/> Delete	NAME	BLASTIC, KARL		STREET ADDRESS	1015 ROBIN LANE		CITY-ST-ZIP	WINTER HAVEN, FL 33884		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Karl Blastic</i></u> 4/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													