


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000140875					
1. Entity Name WILLOW LANDSCAPING AND LAWN SERVICES, INC.					
Principal Place of Business 10663 SILVERCREEK DRIVE PENSACOLA, FL 32506			Mailing Address 10663 SILVERCREEK DRIVE PENSACOLA, FL 32506		
2. Principal Place of Business PENSACOLA FL 32506		3. Mailing Address 12089 Lillian Hwy.			
Suite, Apt. #, etc. PENSACOLA FL.		Suite, Apt. #, etc. SAME			
City & State		City & State			
Zip 32506	Country U.S.A.	Zip 32506	Country		
6. Name and Address of Current Registered Agent BURKE, STEPHEN C 10663 SILVERCREEK DRIVE 12089 Lillian Hwy PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name: <u>NONE</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN C 10663 SILVERCREEK DRIVE 12089 Lillian Hwy PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042185800 Addition 10/26/04--01044--017 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKE, VICTORIA A 10663 SILVERCREEK DRIVE 12089 Lillian Hwy. PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	I thought that I mailed this out. SORRY for the delay. we are in Pensacola were hit by a Hurricane Ivan Category 4. And things have been hectic. Thanks in Advance! -over Steve Burke	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition	
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>Stephen C. Burke</u>			8/24/04 (850) 453-4668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		