## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000004588**



## **FILED** Apr 26, 2004 8:00 am

Principal Place of Business	1. Entity Nam GROUND		R LAWN MAINTI	ENANCE, INC.	SI	Secretary of State 04-26-2004 90988 044 ***150.00					
Suite, Apt. 4, etc.	2068 ALFRE	D BLVD		2068 ALFRED BLVD		(N)		ithi sibil szili Salk Poki	<b>D</b> asi <b>Bo</b> it dia.	IL OHDI INCDI IZI	/BBI († 1 <b>22</b> 1
City & States  Country  Country  S. Certificate of Status Desired  Some  THOMPSON, WILLIAM C  SCHART RED  S. Certificate of Status Desired  Street Address (9.0. Box Number in Not Acceptable)  The Address (9.0. Box Number in Not Acceptable)  School Number in Not Acceptable  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered adject, or both, in the Statu of Florida. I am farmitar with, and accept the originate statement adjects and the name of registered agent, or both, in the Statu of Florida. I am farmitar with, and accept the originate statement for the purpose of changing its registered agent, or both, in the Statu of Florida. I am farmitar with, and accept the originate statement for the purpose of changing its registered agent, or both, in the Statu of Florida. I am farmitar with, and accept the originate statement for the purpose of changing its registered agent, or both, in the Statu of Florida. I am farmitar with, and accept the originate statement in the purpose of changing its registered agent, or both, in the Status of Florida. I am farmitar with, and accept the originate statement in the purpose of changing its registered agent, or bo	2. Principal P		and the second s	· •							
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S. Certification of Stratus Desired   Fee Required	City & State			City & State					72	<del></del>	
Name	Zip		Country	Zip	Country		5. Certificate of	of Status Desired			
THOMPSON WILLIAM C 2068 ALFRED BLVD NAVARRE, FL 32566  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. Lam familiar with, and accept the obligators of registered agent.  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. Lam familiar with, and accept the obligators of registered agent.  9. Election Campaign Financing Trust Fund Contribution.  9. Electio		6. Name	and Address of Curre	nt Registered Agent		N	7. Name and /	Address of New Re	gistered A	gent	
S. The above named critity 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.  SIGNATORE  SIGNATURE  FILE NOWII! FEE IS \$150.00  PARTER May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  Delete  TITLE  D. HOMPSON, WILLIAM C STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS  CITY-ST-2P  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS  CITY-ST-2P  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS  CITY-ST-2P  Delete  TITLE  DELET ADDRESS  CITY-ST-2P  TOTATION OF CHANGES TO OFFICERS AND DIFECTORS IN 11  TOTATION OF CHANGES TO OFFICERS AND DIFECTORS IN 11  TITLE  Delete  TITLE  DELET ADDRESS  CITY-ST-2P  DELET ADDRESS  CITY-ST-2P  TOTATION OFFICERS AND DIFECTORS IN 11  TOTATION O	2068 ALFRED BLVD								)		<u> </u>
8. The above named ontity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.    Signature   Sign						City	<del> </del>	<del></del>	FI	Zip Code	9
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11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1   ITILE   D   Delete   TITLE   MAME   MAME   STREET ADDRESS   CITY-ST-ZIP   Delete   MAME   MA	FIL After M	F NOW!!!	FEE IS \$150.00	9. Election Campa					m (*)		i i
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1. 48. I have by partial that the information counting with this filling date not evall, for the expension stated in Carelina 4.0.07/09/0. Clarida Cintura and it that the information	NAME STREET ADDRESS CITY-ST-ZIP				NAM STRI CITY	IE EET ADDRESS '-ST-ZIP					·

indicated on this report or suppliemental report is true and accurate and inat my signature shall have the same legal effect as it 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 in powered.