

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000004474	
1. Entity Name RCS LAWN SERVICE, INC.	

Principal Place of Business 731 NE 15TH ST FT LAUDERDALE, FL 33304	Mailing Address 731 NE 15TH ST FT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0371841	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWITT, STUART 441 SOUTH STATE ROAD 7 #15 MARGATE, FL 33304
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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

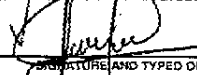
SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable)	(NOTE: Registered Agent signature required when registering)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000088406 03/15/04-80050-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP GUARDADO, JEREMIAS 731 NE 15TH ST FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTS GUARDADO, JEREMIAS 731 NE 15TH ST FT LAUDERDALE, FL 33304
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TITLE NAME STREET ADDRESS CITY-STATE-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)(c), 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: 	3-10-04	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		