

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90030 009 ***150.00

DOCUMENT # P93000061538

1. Entity Name
GOLDEN TOUCH LAWN SERVICE INC.



Principal Place of Business
**11630 NW 54 ST.
 CORAL SPRINGS, FL 33076**

Mailing Address
**5944 CORAL RIDGE DR., #215
 CORAL SPRINGS, FL 33076**

44024142

2. Principal Place of Business
5944 Coral Ridge Dr

3. Mailing Address
5944 Coral Ridge Dr

Suite, Apt. #, etc.
215



01142004 Chg-P CR2E034 (10/03)

City & State
Coral Springs

City & State
Coral Springs

Zip
33076

Country
Broward

4. FEI Number
65-0435522

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

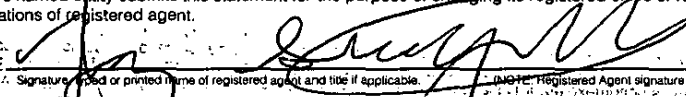
6. Name and Address of Current Registered Agent

**STOLZENBERG, JAY
 11630 NW 54 ST.
 CORAL SPRINGS, FL 33076**

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

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOLZENBERG, JAY S 11630 NW 54 ST. CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #