2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000063439

1. Entity Name RONEY'S LAWN MAINTENANCE, INC.



FILED May 03, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE SF5/,,,,,2/0/5F& OSS12001 No Crig-P GR2E034 (10/03) A FEL Number C G-52-03-36371 A PAPPING For C G-52-03-36371 A PAPPING	Principal Place	6TH STREET	US	Mailing Address 11221 N W 36TH STREET CORAL SPRINGS, FL 3306	5 US			
DO NOT WRITE IN THIS SPACE 4. FEI Number	CORNE SERIN	03, FE 33003				%F5/,,,2	/0/5F&	
6. Name and Address of Current Registered Agent RONEY, STEPHEN M 11221 N W 36TH STREET CORAL SPRINGS, FL 33065 8. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Frincts. I am familiar with, and accept the obligations of Frincts. I am familiar with, and accept the obligations of Frincts. Control Control Control						05012004 No Chg-P CF	12E034 (10/03)	
S. Nome and Address of Current Registered Agent ROMEY, STEPHEN M 11221 N W 36TH STREET CORAL SPRINGS, FL 33065 8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FELE NOW!! FE	Ŋ	O NOI	WHILE		ACE		Not Applicable	
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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	CTY-ST-ZP	partify theat the inter	mation supplied with	this filling does not qualify for the	exemption stated in S	Section 119.07(3)(i), Florida Statutes 1 hurth	or cortily 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.