

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90042 015 ***150.00

DOCUMENT # P94000061905

1. Entity Name

I. C. I. LAWN CARE, INC.



Principal Place of Business

~~1903 SUGGEST RD.~~
~~STE. 301~~
AUBURNDALE FL 33823

Mailing Address

~~1903 SUGGEST RD.~~
~~STE. 301~~
AUBURNDALE FL 33823

2. Principal Place of Business

1925 THORNHILL RD.

Suite, Apt. #, etc.

3. Mailing Address

1925 THORNHILL RD.

Suite, Apt. #, etc.

City & State
AUBURNDALE, FL

City & State
AUBURNDALE, FL

4. FEI Number
59-3267022

Applied For
Not Applicable

Zip
33823

Country
USA

Zip
33823

Country
USA

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

6. Name and Address of Current Registered Agent

SHEILS, STEPHEN E
2408 SUMMER HOLLOW DR.
AUBURNDALE FL 33823

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SHEILS, JOSEPH A SR.
2408 SUMMER HOLLOW DR
AUBURNDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHEILS, STEPHEN E
2408 SUMER HOLLOW DR.
AUBURNDALE FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHEILS, VIRGINIA F
2408 SUMMER HOLLOW DR.
AUBURNDALE FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Joseph A Sheils
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/04

863-967-5388

Date

Daytime Phone #