

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P94000086997
 1. Entity Name
 TURNER, LAWSON AND CHAMBERLAND MAINTENANCE, INC.



Principal Place of Business: 1215 E HILLSBORO BLVD, DEERFIELD BEACH, FL 33441
 Mailing Address: 1215 E HILLSBORO BLVD, DEERFIELD BEACH, FL 33441



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0539679 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAWSON, BARBARA
 1215 E. HILLSBORO BLVD.
 DEERFIELD BEACH, FL 33441

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAWSON, BARBARA
STREET ADDRESS	1215 E HILLSBORO BLVD
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	DT
NAME	CHAMBERLAND, CAROL
STREET ADDRESS	1215 E HILLSBORO BLVD
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	DS
NAME	TURNER, PATRICIA
STREET ADDRESS	1215 E HILLSBORO BLVD
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000166479 A.H.
 07/15/04-80010-010 150.00

000000166479
 07/15/04-80010-010 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Lawson 7/12/04 954-427-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #