

ANNUAL REPORT

DOCUMENT # P94000088502

1. Entity Name
B & M LAWNMOWER SALES AND SERVICE, INC.



FILED
Apr 22, 2004 08:00 AM
Secretary of State

Principal Place of Business
**606 S. MARKET AVE.
FT. PIERCE, FL 34982**

Mailing Address
**606 S. MARKET AVE.
FT. PIERCE, FL 34982**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0541034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, WILLIAM B
606 S. MARKET AVE.
FT. PIERCE, FL 34982**

**DO NOT WRITE
IN THIS SPACE**

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 relocating)

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**

04/22/04-80016-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, WILLIAM B
STREET ADDRESS	4909 PALMETTO DR.
CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	SD
NAME	BROWN, MARTHA J
STREET ADDRESS	4909 PALMETTO DR.
CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	VD
NAME	BROWN, CYNTHIA
STREET ADDRESS	3302 S 7TH, APT D
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	TD
NAME	BROWN, W A
STREET ADDRESS	3302 S 7TH ST APT D
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:

William B Brown