## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000020020

t. Entity Name
F & D LAWN SERVICES, INC.



**FILED** Feb 03, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

Front Wilsher A. SIGNATURE AND TYPED OR PRINTED NAME OF SECUND OFFICER OR DIRECTOR

920 NW 5TH AVE

POMPANO BEACH, FL 33060 US

920 NW 5TH AVE

POMPANO BEACH, FL 33060

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0605166

01172004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILCHER, FRANK JR 920 NW 5TH AVE POMPANO BEACH, FL 33060

SIGNATURE:

## 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 reinstalling).  DATE					
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILCHER, FRANK JR. 920 NW 5 AVE POMPANO BEACH, FL 33060				
TITLE NAME " STREET ADDRESS CITY-ST-ZIP					02/04/04-80017-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					