## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000035045

NORTH PALM BEACH, FL 33408

City-St-Zip:

FILED Aug 31, 2004 Secretary of State

| Entity Nai                                    | me: BLUEGR                           | ASS LAWN CARE, INC.   |   |   |  |  |
|---|--------------------------------------|---|---|---|--|--|
| Current P                                     | rincipal Place                       | of Business:  | New Princ                                   | New Principal Place of Business:          |  |  |
| 749 EAGLI<br>NORTH PA                         | E WAY<br>ALM BEACH, I                | FL 33408  |   |   |  |  |
| Current Mailing Address:                      |                                      |   | New Maili                                   | New Mailing Address:                      |  |  |
| 749 EAGLI<br>NORTH PA                         | E WAY<br>ALM BEACH, I                | FL 33408  |   |   |  |  |
| FEI Number:                                   | : 65-0591137                         | FEI Number Applied For ( )  | FEI Number Not App                          | licable ( )                               | Certificate of Status Desired ( )      |  |
| Name and Address of Current Registered Agent: |                                      |   |   | Name and Address of New Registered Agent: |  |  |
| The above                                     | E WAY<br>ALM BEACH, I                |   | purpose of changing                         | ts registere                              | d office or registered agent, or both, |  |
| SIGNATUR                                      |                                      |   |   |   |  |  |
| SIGNATOR                                      |                                      | nic Signature of Registered Ag  | ent   |   | Date                                   |  |
| Election Car                                  |                                      | 3(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution().<br>TORS: | •   |   | ES TO OFFICERS AND DIRECTORS:          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ANNIS, JEFFR<br>749 EAGLE W          |   | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:                   | S ( )<br>ANNIS, MARRY<br>749 EAGLE W |   | Title:<br>Name:<br>Address:                 | S<br>ANNIS, MAF<br>749 EAGLE              |  |  |

City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANNIS S 08/31/2004