

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000035370

1. Entry Name
MCGEE'S LAWNMOWER SERVICE INC.



Principal Place of Business
230 SOUTH DIXIE HIGHWAY
BOCA RATON, FL 33432

Mailing Address
230 SOUTH DIXIE HIGHWAY
BOCA RATON, FL 33432



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0580589 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BENOIT-GAVINO, VIRGINIA J
250 S. DIXIE HWY
BOCA RATON, FL 33432

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8. The above named entry 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 (if applicable) (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAVINO, UGO 230 S. DIXIE HWY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENOIT-GAVINO, VIRGINIA J 230 S. DIXIE HWY BOCA RATON, FL 33432
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 04/12/04-80091-015 150.00

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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: *Virginia J. Benoit-Gavino* 4/5/04 (561) 525 7731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

V. GAVINO