

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

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



01052004 No Chg-P CR2E034 (10/03)

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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**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAVINO, UGO
STREET ADDRESS	230 S. DIXIE HWY
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	ST
NAME	BENOIT-GAVINO, VIRGINIA J
STREET ADDRESS	230 S. DIXIE HWY
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/12/04-80091-015 150.00

**DO NOT WRITE
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)(i), 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: **4/5/04** **(561) 555 7731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U. GAVINO