


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P96000006596 1. Entity Name HEDGE HUNTERS LAWN SERVICE, INC.	
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Principal Place of Business 2409 PALMETTO ST NOKOMIS, FL 34275-3466 US	Mailing Address 2409 PALMETTO ST NOKOMIS, FL 34275-3466 US
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**DO NOT WRITE IN THIS SPACE**



04202004	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0640282	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RICHARDS, JOHN  
 2409 PALMETTO ST  
 NOKOMIS, FL 34275

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, JOHN 2409 PALMETTO ST NOKOMIS, FL
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 05/05/04-80024-024 150.00

**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: John B. Richards JOHN B. RICHARDS Date: 4-21-04 Daytime Phone #: 941-966-9209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR