


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90003 044 \*\*\*150.00

**DOCUMENT # P96000046921**  
 1. Entity Name  
**QUALITY LAWN & LANDSCAPE, INC.**



Principal Place of Business  
**19236 BAY LEAF CT.  
 BOCA RATON FL 33428**

Mailing Address  
**PO BOX 970878  
 BOCA RATON FL 33428**

**54056539**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **65-0675650**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**TILLEY, MICHAEL R  
 2000 GLADES RD SB SUITE 306  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b> <b>SKARECKI, ROBERT G SR</b> <b>19236 BAY LEAF CT.</b> <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REINECKE, MARY</b> <b>19236 BAY LEAF CT.</b> <b>BOCA RATON FL 33428</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SKARECKI, RALPH V</b> <b>19236 BAY LEAF CT.</b> <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SKARECKI, NICHOLAS A</b> <b>19236 BAY LEAF CT.</b> <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SKARECKI, MARY</b> <b>19236 BAY LEAF CT.</b> <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **R.G. Skarecki** **4/30/04** **561-482-1407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# QUALITY

## LAWN & LANDSCAPE

P.O. Box 970878  
Boca Raton, FL 33497  
561-482-1407

Attachment

54056539



May 20, 2004

Division of Corporations  
Annual Report Section  
PO Box 6850  
Tallahassee, FL 32314

Re: P96000046921

Dear Sir:

Attached is our Annual Report and fee for \$150.00.

Our report was inadvertently misplaced which caused the lateness.

Please..... we request that you waive the \$400.00 additional late fee...we have never been late before, and a mistake caused this lateness....and we are a small business and the \$400.00 will hurt us.

If the fee cannot be waived, please let us know what we have to do.

Thank-you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "R.G. Skarecki".

R.G. Skarecki  
President

RGS/mr

