2004 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # P96000068973** 1. Entity Name MERMAID LAWN AND LANDSCAPE, INC. Principal Place of Business Mailing Address 3770 KORI ROAD 3770 KORI ROAD JACKSONVILLE, FL 32257 IACKSONVILLE, FL 32257 04262004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3405340 \$8,75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARTIN, CHARLOTTE 3770 KORI ROAD DO NOT WRITE JACKSONVILLE, FL 32257 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. Charlotte Martin SIGNATURE.

4/00000138274 04/29/04-80075-007 150.00

Applied For

Not Applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TIT! F NAME MARTIN, CHARLOTTE STREET ADDRESS 1785 ST LAWRENCE WAY JACKSONVILLE, FL 32223 CITY-ST-ZIP 11111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZTP

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:

TITLE NAME STREET ADDRESS CITY -ST-ZIP

> CHARLOTTE MAKIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR