

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000075996

1. Entity Name
LAWN DESIGN SERVICES, INC.



Principal Place of Business
**201 PRICE ST
NAPLES, FL 34113 US**

Mailing Address
**P.O. BOX 2190
MARCO ISLAND, FL 34146**

DO NOT WRITE IN THIS SPACE



08172004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0703122** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ACUNTO, JOHN
201 PRICE ST
NAPLES, FL 34113**

**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 _____

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ACUNTO, JOHN**
STREET ADDRESS **467 W JOY CIRCLE**
CITY - ST - ZIP **MARCO ISLAND, FL 34145**

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**U00000170406
08/19/04-80002-009 150.00**

**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 19.07(3)(c), 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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

Daytime Phone # _____