
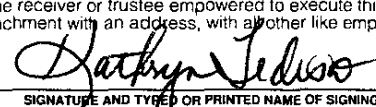


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90408 034 \*\*\*150.00

<b>DOCUMENT # P96000087302</b> 1. Entity Name <b>TEDESCO LAWN CARE INC.</b>					
Principal Place of Business <b>1330 W INDUSTRIAL AVE SUITE 108 BOYNTON BEACH FL 33426 US</b>			Mailing Address <b>1330 W INDUSTRIAL AVE SUITE 108 BOYNTON BEACH FL 33426 US</b>		
2. Principal Place of Business <b>6022 Western Way</b>		3. Mailing Address <b>6022 Western Way</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lake Worth, FL</b>		City & State <b>Lake Worth, FL</b>		4. FEI Number <b>65-0703418</b>	
Zip <b>33463</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TEDESCO, JOHN R JR 34 MEADOWS PARK LANE BOYNTON BEACH FL 33426</b>			7. Name and Address of New Registered Agent Name: <b>Tedesco, John R Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>6022 Western Way</b> City: <b>Lake Worth</b> <b>FL</b> Zip Code: <b>33463</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TEDESCO, JOHN R JR</b> <b>34 MEADOWS PARK LANE</b> <b>BOYNTON BEACH FL 33436</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6022 Western Way</b> <b>Lake Worth, FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TEDESCO, KATHRYN M</b> <b>34 MEADOWS PARK LANE</b> <b>BOYNTON BEACH FL 33436</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6022 Western Way</b> <b>Lake Worth, FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 another like empowered.					
<b>SIGNATURE:</b> 			<b>4/15/04</b> <b>(561) 969-6466</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		