

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000046095

FILED
Oct 26, 2004
Secretary of State

Entity Name: MOWER MART, INC.

Current Principal Place of Business:

11630 PYRAMID DR.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

C/O LUKE BROTHERS, INC.
P.O. BOX 967
NEW PORT RICHEY, FL 346560967 US

New Mailing Address:

11630 PYRAMID DR.
P.O. BOX 967
ODESSA, FL 33556 US

FEI Number: 65-0830577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCADANO, DAVID J
7936 CONGRESS ST.
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

LUCADANO, DAVID J
11630 PYRAMID DR.
ODESSA, FL 33556 US

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.

SIGNATURE: DAVID J. LUCADANO

10/26/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: LUCADANO, PETER
Address: 9246 VIA SEGOVIA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVP () Delete
Name: LUCADANO, DAVID
Address: 4631 ROWE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P () Delete
Name: LUCADANO, MAUREEN
Address: 6415 CORONET DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ST () Delete
Name: LUCADANO, ERNEST
Address: 6415 CORONET DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN LUCADANO

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10/26/2004

Electronic Signature of Signing Officer or Director

Date