
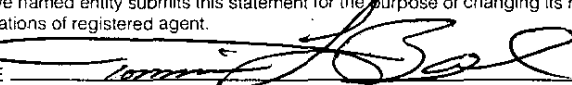
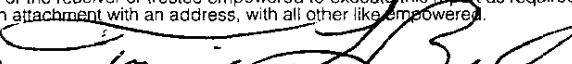


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90012 004 \*\*\*150.00

|   |  |   |   |   |  |           |          |
|---|--|---|---|---|--|-----------|----------|
| <b>DOCUMENT # P97000049726</b>  |  |   |   |  |  |           |          |
| 1. Entity Name<br><b>BREEDEN LAWN MAINTENANCE, INC.</b>   |  |   |   |   |  |           |          |
| Principal Place of Business<br><b>40 BEAL PKWY<br/>FT WALTON BEACH FL 32548</b>   |  | Mailing Address<br><b>40 BEAL PKWY<br/>FT WALTON BEACH FL 32548</b> |   |   |  |           |          |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |           |          |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |           |          |
| City & State  |  | City & State  |   |   |  |           |          |
| Zip   | Country                                  | Zip   | Country   |   |  |           |          |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |   |  |           |          |
| <b>BREEDEN, TOMMIE L</b><br><b>40 BEAL PKWY</b><br><b>FT WALTON BEACH FL 32548</b>  |  |   | Name  |   |  |           |          |
|   |  |   | Street Address (P.O. Box Number is Not Acceptable)  |   |  |           |          |
|   |  |   | City  |   |  | <b>FL</b> | 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 <b>2-25-04</b>   |  |           |          |
| Signature, typed or printed name of registered agent and title if applicable.   |  | (NOTE: Registered Agent signature required when reinstating)        |   | DATE  |  |           |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |           |          |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |           |          |
| TITLE   | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |  |           |          |
| NAME  | <b>BREEDEN, TOMMIE L</b>                 | NAME  | <b>TOMMIE L BREEDEN</b>   |   |  |           |          |
| STREET ADDRESS  | <b>348 BARBARA DR</b>                    | STREET ADDRESS  | <b>348 BARBARA DR</b>   |   |  |           |          |
| CITY-ST-ZIP   | <b>FORT WALTON BEACH FL 32548</b>        | CITY-ST-ZIP   | <b>FORT WALTON BCH FL 32548</b>   |   |  |           |          |
| TITLE   | <input type="checkbox"/> Delete          | TITLE   | <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |   |  |           |          |
| NAME  |  | NAME  | <b>DIANA M. BREEDEN</b>   |   |  |           |          |
| STREET ADDRESS  |  | STREET ADDRESS  | <b>348 Barbara Dr.</b>  |   |  |           |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   | <b>Fort Walton Bch FL 32548</b>   |   |  |           |          |
| TITLE   | <input type="checkbox"/> Delete          | TITLE   |   |   |  |           |          |
| NAME  |  | NAME  |   |   |  |           |          |
| STREET ADDRESS  |  | STREET ADDRESS  |   |   |  |           |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |   |  |           |          |
| TITLE   | <input type="checkbox"/> Delete          | TITLE   |   |   |  |           |          |
| NAME  |  | NAME  |   |   |  |           |          |
| STREET ADDRESS  |  | STREET ADDRESS  |   |   |  |           |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |   |  |           |          |
| TITLE   | <input type="checkbox"/> Delete          | TITLE   |   |   |  |           |          |
| NAME  |  | NAME  |   |   |  |           |          |
| STREET ADDRESS  |  | STREET ADDRESS  |   |   |  |           |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |   |  |           |          |
| 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:   |  | DATE <b>2-25-04</b>   |   | (850) <b>243 4744</b><br><b>685 1884</b>  |  |           |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | DATE  |   | Daytime Phone #   |  |           |          |