

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90021 039 ***150.00

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1. Entity Name
STRADER LAWN CARE, INC.



Principal Place of Business
**2816 GARRIOTT LN
SARASOTA, FL 34232**

Mailing Address
**2816 GARRIOTT LN
SARASOTA, FL 34232**

2. Principal Place of Business
7322 Mauna Loa Blvd.
Suite, Apt. #, etc.

3. Mailing Address
7322 Mauna Loa Blvd
Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0782806

Applied For
Not Applicable

City & State
34241

Country

City & State
34241

Country

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

6. Name and Address of Current Registered Agent

**MILLER, URA
1220 S BRINK AVE
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *[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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STRADER, MARLIN S**
STREET ADDRESS **2816 GARRIOTT LN 7322 Mauna Loa Blvd**
CITY-ST-ZIP **SARASOTA, FL 34232 34241**

TITLE **D** ☐ Delete
NAME **STRADER, WANETA**
STREET ADDRESS **2816 GARRIOTT LN 7322 Mauna Loa Blvd**
CITY-ST-ZIP **SARASOTA, FL 34232 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Waneta S. Strader* *Waneta S. Strader* 3-5-04 941-342-8059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #