


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> <del>P970000</del> 0078251	
1. Entity Name MELROSE LAWNSCAPE, INC.	
	
Principal Place of Business 332 S.E. 2ND AVE. MELROSE, FL 32666	Mailing Address 332 S.E. 2ND AVE. MELROSE, FL 32666
<b>DO NOT WRITE IN THIS SPACE</b>	
4. FEI Number 59-3469944	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3469944

Applied For  
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>
GILLAIN, EARVIN E 332 S.E. 2ND AVE. MELROSE, FL 32666

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000133448  
04/27/04-80087-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLAIN, EARVIN E 332 S.E. 2ND AVE. MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLAIN, STEPHANIE 332 SE 2ND AVENUE MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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:

*Stephanie Gillain* / Stephanie Gillain 4/24/04 332-475-1157