

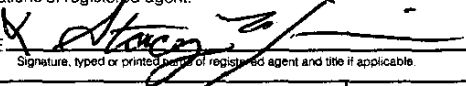



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90015 041 \*\*\*158.75

<b>DOCUMENT # P97000103552</b> 1. Entity Name <b>EXPERT LAWN AND PROPERTY MAINTENANCE, INC.</b>					
Principal Place of Business <b>16365 SW 84 PLACE MIAMI, FL 33157</b>			Mailing Address <b>16365 SW 84 PLACE MIAMI, FL 33157</b>		
2. Principal Place of Business <b>10523 SW 185 TERR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>10523 SW 185 TERRACE</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0801296</b>	
Zip <b>33157</b>		Country <b>Miami-Dade</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORRISON, ERNEST 16365 SW 84 PLACE MIAMI, FL 33157</b>			7. Name and Address of New Registered Agent Name <b>MORRISON, STACEY Y.</b> Street Address (P.O. Box Number is Not Acceptable) <b>15233 SW 108 PLACE</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33157</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  DATE <b>03/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MORRISON, ERNEST STREET ADDRESS 16365 SW 84 PLACE CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE P/S/D NAME MORRISON, STACEY Y. STREET ADDRESS 15233 SW 108 PLACE CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T NAME MORRISON, ERNEST STREET ADDRESS 15233 SW 108 PLACE CITY-ST-ZIP MIAMI, FL 33157	<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	
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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 all other like empowered.					
SIGNATURE: 			03/29/04 (305) 254-0933 <small>Date Daytime Phone #</small>		