2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # P98000012450 1. Entity Name 4-STAR LAWN SERVICE, INC. Principal Place of Business Mading Address 18484 NARCISSUS ROAD 18484 NARCISSUS ROAD FT. MYERS FL 33912 FT. MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt #. etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0815095 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOWLE, JOHN D 18484 NARCISSUS ROAD Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33912 City 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 Flonda. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE \$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable of Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ۷P TITLE ☐ Change Addition BRE Detete U00000077307 03/05/04-80037-015 150.00 SOULE, JOHN D NAME MARKE 18484 NARCISSUS RD STREET ADDRESS STREET ADDRESS FT MYERS FL 33912 CITY-ST-ZIP C3TY - S3 - Z3P Change ☐ Delete TELLE Addition: BILE NAME SOULE, JUDITH NAME STREET ADDRESS 18484 NARCISSUS RD STREET ADDRESS CRTY - ST - ZRP FT MYERS FL 33912 CITY-ST-ZIP ☐ Change TITS F Addition 3111F ☐ Delete MAME SOULE, TIMOTHY STREET ADDRESS STREET ADDRESS 18484 NARCISSUS RD CITY-ST-ZIP CRY-ST-782 FT MYERS FL 33912 ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete THTLE ☐ Addition TIRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 addless, with all other like empowered.

FILED

3-2-04