

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90157 007 ***150.00

DOCUMENT # P98000020031

1. Entity Name
IT'S A BEAUTIFUL LAWN, INC.



Principal Place of Business
9420 SW 51ST CT. 86515
COOPER CITY, FL 33328
Worthington Dr. Yulee, FL 32097

Mailing Address
5722 S. FLAMINGO ROAD P.O. BOX 997
#239 Yulee, FL 32041-0997
FT. LAUDERDALE, FL 33330

24069094



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0829926

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REUTER, MICHELE
9420 SW 51ST CT. 86515 Worthington Dr.
COOPER CITY, FL 33328 Yulee, FL 32097

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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**
NAME **REUTER, THOMAS**
STREET ADDRESS **9420 SW 51ST CT. 86515 Worthington Dr.**
CITY - ST - ZIP **COOPER CITY, FL 33328 Yulee, FL 32097**

TITLE **D**
NAME **REUTER, MICHELE**
STREET ADDRESS **9420 SW 51ST CT. 86515 Worthington Dr.**
CITY - ST - ZIP **COOPER CITY, FL 33328 Yulee, FL 32097**

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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: *Michael N. Reuter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 904)225-0707
Date Daytime Phone #