2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000028023 05-03-2004 90463 050 ***150.00 1. Entity Name GLORIFIED LAWNCARE, INC. Principal Place of Business Mailing Address **TATIONT** 860 E EVANSTON CIR 113 N FEDERAL HWY FORT LAUDERDALE, FL 33312 DANIA BEACH, FL 33004 CR2E034 (10/03) 04262004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0827557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, GERALD J DO NOT WRITE 113 N FEDERAL HWY DANIA BEACH, FL 33004 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 reinstation) DATE ٠,٠ 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. -OFFICERS AND DIRECTORS **PVTS** TITLE NAME RAHYNS, ANTHONY 860 E EVANSTON CIR STREET ADDRESS CITY - ST - ZIP FORT LAUDERDALE, FL 33312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

by ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information freport 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is address, with all other like empowered. I hereby certify that the informe indicated on this report or surpling of the corporation of changed, or on an

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

> GERALD ADAMS-REGISTERED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED