


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90125 032 ***150.00

DOCUMENT # P98000037716		
1. Entity Name CHARLES AND SONS LAWN SERVICE, INC.		

Principal Place of Business 1001 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741	Mailing Address 1001 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741
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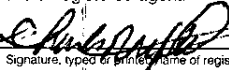
2. Principal Place of Business 822 WEST BRYAN ST Suite, Apt. #, etc.	3. Mailing Address 822 WEST BRYAN ST Suite, Apt. #, etc.
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07022004 Chg-P CR2E034 (10/03)

City & State KISSIMMEE FL	City & State KISSIMMEE FL	4. FEI Number 59-3506750	Applied For Not Applicable
Zip 34741	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROTHFELD, CHARLES 1001 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name: ROTHFELD, CHARLES Street Address (P.O. Box Number is Not Acceptable): 822 WEST BRYAN ST City: KISSIMMEE FL Zip Code: 34741	
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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.

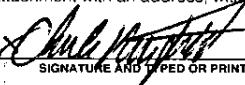
SIGNATURE:  CHARLES ROTHFELD (RUA) DATE: 9/2/04

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHFELD, CHARLES 1001 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHFELD, CHARLES 822 WEST BRYAN ST KISSIMMEE FL 34741 <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:  CHARLES ROTHFELD (RUA) DATE: 9/2/04 DAYTIME PHONE #: (407) 847-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR