


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000044954

1. Entity Name
BEACHCOMBER LAWN CARE, INC.



Principal Place of Business Mailing Address

**125 OCEAN HIBISCUS DR.
 SAINT AUGUSTINE FL 32080** **125 OCEAN HIBISCUS DR.
 SAINT AUGUSTINE FL 32080**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

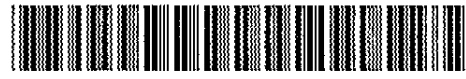
City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3512348 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**SELLERS, DAVID
 4780 A1A SOUTH
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> Delete
NAME SELLERS, DAVID	STREET ADDRESS 125 OCEAN HIBISCUS DR.	CITY - ST - ZIP SAINT AUGUSTINE FL 32080
NAME	STREET ADDRESS	CITY - ST - ZIP
NAME	STREET ADDRESS	CITY - ST - ZIP
NAME	STREET ADDRESS	CITY - ST - ZIP
NAME	STREET ADDRESS	CITY - ST - ZIP
NAME	STREET ADDRESS	CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>

U00000082860
 03/10/04-80013-024 150.00

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: _____ **3/6/04** Date Daytime Phone #