


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000065944	
1. Entity Name DISTRICT 1 MOWERS, INC.	

Principal Place of Business P.O. BOX 1825 WAUCHULA, FL 33873	Mailing Address P.O. BOX 1825 WAUCHULA, FL 33873
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0851144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DICKSON, LORRAINE
124 PALDAO ACRES
WAUCHULA, FL 33873**

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: *Lorraine Dickson* DATE: 3/2/04

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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

1300 0600 11103 000101 Ykqf1648	P DICKSON, DAVID J P.O. BOX 1825 WAUCHULA, FL 33873
1300 0600 11103 000101 Ykqf1648	S DICKSON, LORRAINE P.O. BOX 1825 WAUCHULA, FL 33873
1300 0600 11103 000101 Ykqf1648	VP DICKSON, LORRAINE PO BOX 1825 WAUCHULA, FL 33873
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03/04/04-80019-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lorraine Dickson* DATE: 3/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR