

2004- FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 27, 2004 8:00 am
Secretary of State

02-11-2004 90015 045 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P98000066001					
1. Entity Name MY LAWN & PLANT MAINTENANCE, INC.					
Principal Place of Business 3301 S.W. 44TH ST. DANIA BEACH FL 33312			Mailing Address 3301 S.W. 44TH ST. DANIA BEACH FL 33312		
2. Principal Place of Business <i>7520 N.W. 11th Place</i>		3. Mailing Address <i>7520 N.W. 11th Place</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Plantation, FL</i>		City & State <i>Plantation, FL</i>		4. FEI Number 65-0850937	
Zip 33313		Country <i>Broward</i>		<input type="checkbox"/> 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 YOUNG, MATT 3301 S.W. 44TH ST. DANIA BEACH FL 33312			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 <i>Matt Young</i> <i>owner / President</i> <i>Ph. 954</i> <i>316-0318</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when restoring) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, MATT		NAME		
STREET ADDRESS	3301 S.W. 44 STREET		STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33312		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Matt D. Young</i>			<i>2-21-04</i> <i>954 953-4668</i> <i>316-0318</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		