2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000079287

1. Entity Name
JOSE VILLATORO'S LAWN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
1720 16TH AVE. N. LAKE WORTH, FL 33460	1720 16TH AVE. N. LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

03042003   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0863257	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VILLATORO, JOSE
1720 16TH AVE. N.
LAKE WORTH, FL 33460

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 _____

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

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000160107 05/13/04-80007-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	VILLATORO, JOSE
STREET ADDRESS	1720 16TH AVENUE N.
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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: X _Jose Villatoro_   Jose F. Villatoro   x 5-9-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #