


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90037 042 \*\*\*150.00

<b>DOCUMENT # P98000096812</b>	
<b>1. Entity Name</b> PERENNIAL LAWN CARE, INC.	

<b>Principal Place of Business</b> 1501 MEADOW DALE DRIVE CLEARWATER FL 33746	<b>Mailing Address</b> 3665 E BAY DR PMB 114 STE 204 LARGO FL 33771-1965
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<b>2. Principal Place of Business</b> 7140 47th AVE N	<b>3. Mailing Address</b>
Suite, Apt. #, etc. ST PETERSBURG	Suite, Apt. #, etc.

<b>City &amp; State</b> FLORIDA	<b>City &amp; State</b>
<b>Zip</b> 33709	<b>Country</b> PINELLAS




MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-3547199	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> HOWLAND, PHILIP J 1501 MEADOW DALE DRIVE CLEARWATER FL 33746	<b>7. Name and Address of New Registered Agent</b> Name: ROBERT P. COLEMAN Street Address (P.O. Box Number is Not Acceptable): 7140 47th AVE NORTH City: ST PETERSBURG FL Zip Code: 33709
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<b>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.</b>	
<b>SIGNATURE</b>  Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> 4-18-04 (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PRES	<b>NAME</b> HOWLAND, PHILIP J	<b>TITLE</b> P-VP-S/T	<b>NAME</b> ROBERT P. COLEMAN
<b>STREET ADDRESS</b> 1501 MEADOW DALE DR.	<b>CITY-ST-ZIP</b> CLEARWATER FL 33764	<b>STREET ADDRESS</b> 7140 47TH AVENUE NORTH	<b>CITY-ST-ZIP</b> ST PETERSBURG-FL-33709
<b>TITLE</b> VP	<b>NAME</b> WORMHOOD, TIMOTHY R	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1489 DARTMOUTH DR.	<b>CITY-ST-ZIP</b> CLEARWATER FL 33756	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> S/T	<b>NAME</b> HOWLAND, BARBARA S	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1501 MEADOW DALE DR.	<b>CITY-ST-ZIP</b> CLEARWATER FL 33764	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

<b>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.</b>
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<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 4/18/04	<b>DAYTIME PHONE #</b> (727) 547 9371
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