

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000106190

1. Entity Name

ACACIA LAWN CARE & PRESSURE WASHING, INC.



Principal Place of Business

1153 SEBAGO AVE S
ATLANTIC BEACH, FL 32233 US

Mailing Address

1153 SEBAGO AVE S
ATLANTIC BEACH, FL 32233 US



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3550803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POTTER, MARGARET D
1153 SEBAGO AVE S
ATLANTIC BEACH, FL 32233

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

PTD

NAME

POTTER, MICHAEL

STREET ADDRESS

1153 SEBAGO AVE S

CITY-ST-ZIP

ATLANTIC BEACH, FL 32233

TITLE

VSD

NAME

POTTER, MARGARET D

STREET ADDRESS

1153 SEBAGO AVE S

CITY-ST-ZIP

ATLANTIC BEACH, FL 32233

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1000000134527
04/28/04-80023-020 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret D. Potter Margaret D. Potter 4-26-04 904-242-0030