2004 FOR PROFIT CORPORATION

Aug 16, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000001853** 08-16-2004 90012 018 ***550.00 R-LAWN SERVICE, INC. Principal Place of Business Mailing Address 2602 SW 64TH COURT 2602 SW 64TH COURT PALM CITY, FL 34990 PALM CITY, FL 34990 CR2E034 (10/03) 08062004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0895166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent RAFLOWITZ, BRETT A DO NOT WRITE 2700 S.E. COVE ROAD STUART, FL 34997-7704 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 į 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RAFLOWITZ, BRETT A NAME 2602 SW 64TH COURT STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 TITLE NAME STREET ADDRESS CffY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 amount of the component of the c

SIGNATURE: X

TITLE NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

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