

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90027 031 \*\*\*150.00

**DOCUMENT # P99000041419**

1. Entity Name  
**THE LAWN AUTHORITY OF MANATEE COUNTY, INC.**



Principal Place of Business

**4803 3RD AVE. W.  
PALMETTO, FL 34221**

Mailing Address

**4803 3RD AVE. W.  
PALMETTO, FL 34221**

**DO NOT WRITE IN THIS SPACE**



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3579572**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, LAYON F II  
442 OLD MAIN STREET  
BRADENTON, FL 34205**

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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	D
NAME	JACKSON, WARDELL
STREET ADDRESS	4803 3RD AVE W. PALMETTO, FL 34221
CITY-ST-ZIP	4803 3rd Ave W. Palmetto, FL 34221
TITLE	S
NAME	LOUE, DEBRA
STREET ADDRESS	4625 34TH COURT E
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D. Jackson, Wardell
NAME	4803 3rd Ave West
STREET ADDRESS	Palmetto, FL 34221
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Wardell Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/17/04*  
Date

*(941) 722-9772*  
Daytime Phone #