## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

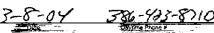
## Mar 10, 2004 08:00 AM **Secretary of State** DOCUMENT # V30272 1. Entity Name ROBÍNSON'S LAWN CARE INC. Principal Place of Business Mailing Address 3408 JUNIPER DRIVE 3408 JUNIPER DRIVE EDGEWATER, FL 32141 EDGEWATER, FL 32141 03032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3118848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROBINSON, MARTIN T. DO NOT WRITE 3408 JUNIPER DRIVE EDGEWATER, FL 32141 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office arregistered 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 life if applicable (NOTE, Registered Agent signature required when reinstating) U00000084199 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 03/10/04-80069-019 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST TITLE ROBINSON, MARTIN T NAME STREET ADDRESS 3408 JUNIPER DR CITY - ST-ZIP EDGEWATER, FL TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DITE NAME STREET ADDRESS CATY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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 cath; 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 propowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME OF SIGNING OFFICER OR DIRECTOR



FILED