2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90012 018 ****61.25

DOCUMENT # N98000002307

1. Entity Name
LANDSCAPE INSPECTOR'S ASSOCIATION OF FLORIDA
A LIMITED AGRICULTURAL ASSOCIATION

Principal Place of Business	Mailing Address
4611 SOUTH UNIVERSITY DRIVE STE 174 FORT LAUDERDALE, FL 33328	4611 SOUTH UNIVERSITY DRIVE STE 174 FORT LAUDERDALE, FL 33328

02162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0451904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKIRDY, PETER
1350 W BROWARD BLVD
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name MCKIRDY, PETER
Street Address (P.O. Box Number is Not Acceptable) ~~1350 S UNIVERSITY DR~~ 7200 NW 4 ST
~~SUITE 174~~
City FORT LAUDERDALE FL Zip Code ~~33328~~ 33317

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 X Peter McKirdy 2/26/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCKIRDY, PETER 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEARSON, KIMBERLY 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chancey, Jeremy	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SINKA, DAWN 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vollmer, Sharon	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOSMAN, NORA 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Baratta, Alan	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMPSEY, GENE 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURSELL, MIKE 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: X Peter McKirdy PETER MCKIRDY 2/26/04 954-321-2158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #