


**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90078 009 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P01000084196</b>			
1. Entity Name WEST FLORIDA LANDSCAPE MAINTENANCE, INC.			
Principal Place of Business 1429 US 19 HOLIDAY, FL 34691		Mailing Address PO BOX 2311 PALM HARBOR, FL 34682	
2. Principal Place of Business <i>12326 Hicks rd.</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hudson FL</i>		City & State	
Zip <i>34669</i>	Country <i>U.S.A</i>	Zip	Country
6. Name and Address of Current Registered Agent SLONE, PHILIP 1429 US 19 HOLIDAY, FL 34691		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>12326 Hicks Rd.</i> City <i>Hudson</i> FL Zip Code <i>34669</i>	
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: <i>[Signature]</i> DATE: <i>1/27/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS SLONE, PHILIP 1429 US 19 HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12326 Hicks rd. Hudson FL 34669</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>[Signature]</i> DATE: <i>1/27/05</i> 727 856 7757 <small>Signature and typed or printed name of signing officer or director</small>			