2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90078 009 ***150.00

DOCUMENT # P01000084196 1. Ertity Name WEST FLORIDA LANDSCAPE MAINTENANCE, INC.						04-04-20	33 70076 007	130.00	
Principal Place of Business Mailing Address									
1429 US 19 PO BOX 2311 HOLIDAY, FL 34691 PALM HARBOR, FL 34682				a 1887/1889 10					
2., Principal Place of Business / 3. Mailing Address / 3. Mailing Address			iress ,						
Suite, Apt. #, etc. Suite, Apt. #, etc.					01282005 Chg-P CR2E034 (10/03)				
HUBSON FL City & State					4. FEI Number 52-233		├	polied For ot Applicable	
34669 COUNTY U.S.A ZID			Countr	5. Certificate of Status Desired \$8:75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SLONE, PHILIP							·		
1429 US 19 HOLIDAY, FL 34691				Street Address (P.O. Box Number is Not Acceptable)					
				City Holds	"Hudson FL 39669			669	
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 different and title if applicable (NOTE: Registered Agent signature required even reinstating) OATE									
FILE NOWIL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
After Ma	ay 1, 2005 Fee will be \$550.0	Trust Fund Cont	inbution.	C.J · Add	ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME	DPVS SLONE, PHILIP	☐ Oeieta	TITLE	1			E Change	☐ Addition	
STREET ADDRESS	1429 US 19			TADORESS 2	326 H	icks ru	d.		
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-	SI-ZIP FTZE	doon	FL 39	1669		
TITLE	T	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	SLONE, PHILIP 1429 US 19		NAME	TADORESS 12	200	Hicken	ml		
CITY-ST-ZIP	HOLIDAY, FL 34691			SI-ZIP HZ	doon	Hicks FL 8	4669		
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NAME			NAME			-	×		
STREET ADDRESS				T ADDRESS ST-ZIP				1	
_CITY_ST_ZIP		☐ Deleta	TITLE				☐ Change	Addition	
NAME		C Design	NAME				L. Osaliya	L. Pakaisar	
STREET ADDRESS			STREE	T ADDRESS				İ	
CITY-ST-ZIP			СПУ-	ST-ZIP					
TITLE		Delate	TITLE			•	Change	☐ Addition	
NAME Street address			NAME STREE	ET ADDRESS					
CITY-ST-ZIP				SI-ZIP			<u> </u>		
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME	1	•	NAME	l l	•				
STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP	•				
12 I hereby	certify that the information symplical with	this filipo does not quality to	x the exer	notion stated in Se	action 119 N7/3)	(i), Florida Statutes	. I further certify that the i	nformation	
12. I hereby certify that the information supplied with this filling 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 allighter like empowered.									
10-05									