

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118551

FILED
Feb 04, 2004
Secretary of State

Entity Name: AMERI-SCAPE OF SW FLORIDA, INC.

Current Principal Place of Business:

802 LEE ST.
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

PO BOX 2210
IMMOKALEE, FL 34143

New Mailing Address:

PO BOX 111195
NAPLES, FL 34108

FEI Number: 65-1158960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMANN, RAYMOND L
13141 MCGREGOR BLVD., STE. 9
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAMEZ, FABIAN
Address: 802 LEE ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: GAMEZ, JOEL
Address: 802 LEE ST.
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GAMEZ, FABIAN
Address: PO BOX 111195
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change () Addition
Name: GAMEZ, JOEL
Address: PO BOX 111195
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN GAMEZ

D

02/04/2004

Electronic Signature of Signing Officer or Director

Date