


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90031 049 ***150.00

DOCUMENT # P94000036863
 1. Entity Name
WEST FLORIDA LANDSCAPING, INC.



Principal Place of Business Mailing Address
37343 SOUTH VIEW AVENUE **37343 SOUTHVIEW AVENUE**
DADE CITY FL 33525 **DADE CITY FL 33525**
US **US**

50009151



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
36827 Center Ave. **36827 Center Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Dade City FL **Dade City FL**
 Zip Country Zip Country
33525 USA **33525 USA**

4. FEI Number Applied For
59-3249289 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEST, RICK
37343 SOUTHVIEW AVENUE
DADE CITY FL 33525

7. Name and Address of New Registered Agent
 Name **West, Rick**
 Street Address (P.O. Box Number is Not Acceptable)
36827 Center Ave.
 City **Dade City** **FL** Zip Code **33525**

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 *Rick E. West* **Rick E. West** **president** 1/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	WEST, RICK E	
STREET ADDRESS	37343 SOUTHVIEW AVENUE	
CITY-ST-ZIP	DADECITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	West, Rick E.	
STREET ADDRESS	36827 Center Ave.	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rick E. West* **Rick E. West** 1/24/05 352-567-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #