2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, $\overline{2004}$ 8:00 am DOCUMENT # S50660 **Secretary of State** 1. Entity Name 01-30-2004 90085 027 ***158.75 NIEHAUS MAINTENANCE & LANDSCAPE CO., INC. Principal Place of Business Mailing Address 7380 61ST ST. 7380 61ST ST. VERO BEACH FL 32967 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3063511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Don-Niehaus -----PERSON, ARTHUR B Street Addyes 8 (B. O6 Box Nurgber is Not Acceptable) 1406 SO, RIVERSIDE DR. INDIALANTIC FL 32903 City Zi32967 Vero Beach 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 Don Niehaus-Reg. Agent/President 1/22/04 SIGNATURE: (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NIEHAUS, DON F NAME STREET ADDRESS 7380 61ST ST. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE XX Delete ☐ Change XX Addition PERSON, ARTHUR B NAME NAME T.y. Niehaus 1406 SO, RIVERSIDE DR. STREET ADDRESS STREET ADDRESS 7380 61st Street CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP Vero Beach, Florida 32967 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete [T] Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 toustee 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:

CITY-ST-ZIP

Don Niehaus - Presi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>President</u>

CITY-ST-ZIP

(772) 562-0600

FILED