

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2004 91057 022 ***150.00

FILED P03000128398

04 MAY 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212004 Chg-P CR2E034 (10/03) **04**

4. FEI Number **42-1609570** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P03000128398
1. Entity Name
B & G LANDSCAPING & TRAILERS, INC.



Principal Place of Business
**30420 BERMONT RD
PUNTA GORDA, FL 33982**

Mailing Address
**30420 BERMONT RD
PUNTA GORDA, FL 33982**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**HEEKIN, JOHN CHARLES
21202 OLEAN BLVD STE C-2
PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name **DENISE SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
30420 BERMONT RD.
City **Punta Gorda** FL Zip Code **33982**

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 *Denise Scott, Pres.* **Denise SCOTT, Pres** **04-23-04**
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SCOTT, DENISE
STREET ADDRESS	30420 BERMONT RD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	OBERHEIM, DIANN L
STREET ADDRESS	158 SEQUOYAH DR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
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	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E Scott
STREET ADDRESS	30420 BERMONT ROAD
CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Hair
STREET ADDRESS	1807 Sentinel Point Rd
CITY-ST-ZIP	Sebring, FL 33875
TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise SCOTT
STREET ADDRESS	30420 BERMONT RD.
CITY-ST-ZIP	Punta Gorda, FL 33982
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: *Denise Scott* **Denise SCOTT** **04-23-04** **941-575-7876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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