2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 OCT 28 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058134

1. Entity Name
GUIDA LANDSCAPE CONTRACTING, INC.

Principal Place of Business	Mailing Address
2325 S.W. IVORY ROAD PORT ST. LUCIE, FL 34953	2325 S.W. IVORY ROAD PORT ST. LUCIE, FL 34953

10252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0835536 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIDA, JOE
2325 S.W. IVORY ROAD
PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ 10-25-04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUIDA, EDIE 2325 S.W. IVORY ROAD PORT ST. LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900042284919 10/28/04--01046--013 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Guida, Joseph 2325 S.W. Ivory Road Port St. Lucie, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Edie Guida 10/25/04 (772)336-4788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #