


2005 FOR PROFIT CORPORATION ANNUAL REPORT

mailed **FILED**
Apr 18, 2005 08:00 AM
 Secretary of State
 # 1039
 \$ 158.75

DOCUMENT # P02000072862		
1. Entity Name A. PERRUSO LANDSCAPING, INC.		

Principal Place of Business P.O. BOX 211124 WEST PALM BEACH, FL 33421	Mailing Address P.O. BOX 211124 WEST PALM BEACH, FL 33421
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DO NOT WRITE IN THIS SPACE



04162005 No Chg-P CR2E034 (10/03)

4. FEI Number 19-1862604	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERRUSO, ANTHONY
 16526 88TH RD NORTH
 WEST PALM BEACH, FL 33470

DO NOT WRITE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	PERRUSO, ANTHONY
STREET ADDRESS	16526 88TH RD NORTH
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: *Anthony Perruso* 4-16-05 (561) 641-5480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #