


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # 275110</b> 1. Entity Name <b>LANTANA NURSERY &amp; LANDSCAPE COMPANY, INC.</b>	
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Principal Place of Business <b>1612 S. DIXIE HWY. LAKE WORTH, FL 33460</b>	Mailing Address <b>2553 SW 10TH CT BOYNTON BEACH, FL 33426</b>
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02022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1025873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>METZ JR, JAMES W 1612 S. DIXIE HWY. LAKE WORTH, FL 33460</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT METZ, JAMES W. JR. 1612 S. DIXIE HWY. LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES W. METZ III 1612 S. DIXIE HWY. LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLENE STIMELY 2553 S. W. 10TH CT. BOYNTON BCH, FL, 33426
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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05/04/04-80161-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Charlene Stimely, Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 561-736-0350  
Date Daytime Phone #