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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90229 019 ***150.00

DOCUMENT # 549548

1. Entity Name
CLASSIC LANDSCAPE & IRRIGATION, INC.

Principal Place of Business	Mailing Address
5950 S.E. 138TH ST HOBE SOUND, FL 33455 US	5950 S.E. 138TH ST HOBE SOUND, FL 33455 US

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		8756 SE BAHAMA CIR	
Suite, Apt #, etc		Suite, Apt. #, etc	
City & State		City & State HOBE SOUND, FL	
Zip	Country	Zip 33455	Country USA

4. FEI Number 59-1784773 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent:

JENKINS, DONALD A.
8756 SE BAHAMA CIRCLE
HOBE SOUND, FL 33455

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 ______ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, PAULA K. 8756 SE BAHAMA CIRCLE HOBE SOUND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JENKINS, DONALD A 8756 SE BAHAMA CIRCLE HOBE SOUND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Paula K. Jenkins PAULA K. JENKINS PRES. 4/27/04 772-546-6496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #