

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568959

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: LUSH LANDSCAPING, INC.

**Current Principal Place of Business:**

5110 NW 105 DR  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

5110 NW 105 DR  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

FEI Number: 59-1842851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCREARY, CHARLES C  
5110 NW 105 DR  
CORAL SPRINGS, FL 33076

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCREARY, CHARLES C,  
Address: 5110 NW 105 DR  
City-St-Zip: CORAL SPRINGS, FL

Title: V (X) Delete  
Name: HOWE, PHILLIP  
Address: 5520 GODFREY RD  
City-St-Zip: POMPANO BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES CAIN MCCREARY

PRES

04/09/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date