

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 575119 1. Entity Name NANAK'S LANDSCAPING OF ORLANDO, INC.	
--	---

Principal Place of Business 1174 FLORIDA CENTRAL PKWY LONGWOOD, FL 32750	Mailing Address 1174 FLORIDA CENTRAL PKWY LONGWOOD, FL 32750
--	--



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1832892	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent KHALSA, SAMPURAN SINGH 400 CENTER STREET ALTAMONTE SPRINGS, FL 32701

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

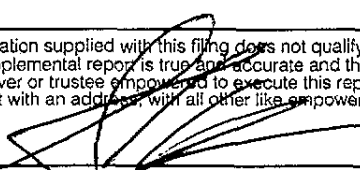
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000127317
04/23/04-80068-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KHALSA, MAHAN KALPA S 400 CENTER STREET ALTAMONTE SPGS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KHALSA, SWARN KAUR 400 CENTER STREET ALTAMONTE SPGS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALSA, SAMPURAN SINGH 400 CENTER STREET ALTAMONTE SPGS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:  **Sampuran S. Khalsa** 4-20-04 407-831-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #