2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 581616  1. Entity Name PHOENIX LANDSCAPE MAINTENANCE, INC.								Jan 28, 2004 Secretary			1
Principal Plac	e of Business	S	Mailin	g Address		·					
1701 W 10TH ST P.O. BOX 10544 RIVERA BEACH FL 33419 US US									rec		III MARI ET GARAGO
2. Principal Place of Business				3. Mailing Address							
Suite, Apt #. etc.				Suite, Apt. #. etc.				MOORE (	CR2E034	(11/03)	<u>.</u> .
City & State				City & State			4.	FEI Number 59-1830156	-	<del>}                                    </del>	pked For at Applicable
Zip	Country		Zip	Zip Co		try	5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current	Register	ed Agent		Name	7. 1	Name and Address of New Re	gistered	Agent	
WEI	LER, ALLAN E., JR.			Street Address (P.O. Box Number is Not Acceptable)							
1701 W. 10TH STREET RIVERA BEACH FL 33419									· ·		
					City	FL Z <sub>rp</sub> Code					
	tions of regist					ed office or registr		gent, or both, in the State of Flor	da. I am	familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fina Trust Fund Contribution	٠,	\$5.0 Added	O May Be I to Fees
10.	<del></del>	OFFICERS AND	DIRECTO	IRECTORS 11.			ΑĒ	DDITIONS/CHANGES TO OFFI	CERS AN	DIRECTOR	SINTI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEIDENFE 1701 W. 10 RIVERA BE			☐ Delete		RE ME REET ADDRESS TY - ST - ZIP		e1 <b>0000001</b> 008-40\eS\10	265 19-00	□ Change 2 150.00	Addition
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP	T WEIDENFE 1701 W. 16 RIVIERA B			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHARONI, 1701 W 10 RIVERA BE	TH ST		☐ Delete		}				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ì				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 5	<b>§</b>				☐ Change	☐ Addition
12. I hereby a indicated of the cor changed	certify that the l on this report reporation or the or on an atta	e information supplied with it or supplemental report is he receiver or trustee empo achment with an address, i	this filing true and wered to with all of	does not qualify for accurate and that n execute this report her like empowered.	the exerny signal as require	mption stated in 5 ture shall have the red by Chapter 60	Section same 07, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Stalutes; and that my name	further ce ath; that I appears	rtify that the in am an officer in Block 10 or	nformation or director r Block 11 if

SIGNATURE: 244 Gles John Jr. A 11 AN E. Weiden Feller 1/26/2004 56/881-2152
SIGNATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Die Daylore Prone #

**FILED**