2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90064 014 ***150.00

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1. Entity Name
B & L LANDSCAPE COMPANY, INC.

400025442

Principal Place of Business	Mailing Address
7748 SPANER RD POB 24384 JAX, FL 32241 US	7748 SPANER ROAD PO BOX 24384 JACKSONVILLE, FL 32256-1440

02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1938351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
~~1300 GULF LIFE DR~~
~~JACKSONVILLE, FL 32207~~
1930 Dan Mahr Blvd
Jax FL 32207

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WURSTER, MELVIN E
STREET ADDRESS	12111 CATTAIL DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	EVP
NAME	WURSTER, DOROTHY L
STREET ADDRESS	12111 CATTAIL DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VSA
NAME	WURSTER, KIRK E.
STREET ADDRESS	2757 LACITO CREEK DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	S
NAME	WURSTER, MELVIN E
STREET ADDRESS	12111 CATTAIL DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	T
NAME	WURSTER, DOROTHY L
STREET ADDRESS	12111 CATTAIL DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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; an d 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: Dorothy L Wurster 2/8/05 904-262-1264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #