2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # 645357** 1. Entity Name SHERLOCK TREE AND LANDSCAPE CO. Principal Place of Business Mailing Address 697 S.W. 9 TERRACE 697 S.W. 9 TERRACE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1634628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHERLOCK, JAMES DO NOT WRITE 697 S.W. 9 TERRACE POMPANO BEACH, FL 33069 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: Registored Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000090236 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 03/17/04-80011-002 150.00 10. OFFICERS AND DIRECTORS TITLE SHERLOCK, JAMES NAME 697 S.W. 9 TERRACE STREET ADDRESS CITY-ST-ZEP POMPANO BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ध्याह NAME STREET ADDRESS CITY-ST-ZIP TIBE NAME STREET ADDRESS CITY-ST-ZIP BBLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

STIATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

451-1488

Davides Phase 8