2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

* **	ANNUAL F	REPORT (AR	i)		FIL]	ED	
DOCUMENT # 681107  1. Entity Name					Apr 30, 2005 08:00 AM Secretary of State		
LANDSC	APE SERVICE, INC.				Secretary	y of State	
Principal Plac	ce of Business	Mailing Address	Mailing Address		†		
% EARL GAGER		% EARL GAGER					
2950 7TH PLACE VERO BEACH FL 32968-1239		2950 7TH PLACE VERO BEACH FL 32968-1239		 	/E BIBLI BIBIS BIBIS BIBIS BIBIS		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE C	R2E034 (10/04)		
City & State		City & State		4. FEI Number 59-2016995	}	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 Ad	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Reg		
0.44	OED EAD! JOSEPH		Nam	e		-	
295	GER, EARL JOSEPH 10 7TH PLACE		Stree	et Address (	P.O. Box Number is Not Acceptable)		
VEF	RO BEACH FL 32968				<del></del>	· <u> </u>	
			City			FL Zip Coo	de
8. The above the obligation	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office	e or register	red agent, or both, in the State of Florid	ia. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTI	E Registered Agent si	gesture required	f when rainstating)	DATE	<u></u> .
F	TILE NOW!!! FEE IS \$150.00	· 1		-	0.51		
After	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department	0 of State			9. Election Campaig  Trust Fund Contril		.00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	SIN 11
TITLE	PD	☐ Delete	LITLE			☐ Change	Addition
NAME STREET ADDRESS	GAGER, EARL JOSEPH 2950 7TH PLACE		NAME STREET ADDRES	ee l	U0000035 05/02/05-80	0971 136-011 150	ΠŊ
CITY-ST-ZIP	VERO BEACH FL		CITY ST-ZIP	22	05/06/05-60	120.011 130.	. 00
TITLE	V	☐ Delete	TITLE		<del></del>	☐ Change	☐ Addition
NAME	GAGER LAURA ROXANNE		NAME			vinalige	
	2950 7TH PLACE		STREET ADDRES	ss			
C(TY - ST - ZIP	VERO BCH FL		CITY-ST-ZIP				
TITLE NAME	V GACED EARL REEDEV	Delete	name			☐ Change	Addition
STREET ADDRESS	GAGER, EARL JEFFREY 2950 7TH PLACE		STREET ADDRES	SS			
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP				
TITLE		☐ Delete	THE			☐ Change	Addition
NA <b>M</b> E			NAME				
STREET ADDRESS			STREET ADDRES	SS			
City-St-ZiP			CITY-ST-7IP				
NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRES	s			
CITY-ST-ZIP			CITY-ST- ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAMÉ			_ •	
STREET ADDRESS			STREET ADDRESS	is			
CITY-ST-ZIP			CiTY-ST-ZIP				
indicated of the cor	certify that the information supplied wit on this report or supplemental report : poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that mo sowered to execute this report	ny signature sha as required by (	stated in Se Il have the s Chapter 607	ction 119 07(3)(i), Florida Statutes. I fu same legal effect as if made under oat , Florida Statutes, and that my name a	rther certify that the in n; that I am an officer ppears in Block 10 or	nformation or director r Block 11 if