2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 02, 2004 08:00 AM DOCUMENT # F12501 Secretary of State 1. Entity Name SHERWOOD FOREST LANDSCAPING DIVISION, INC. Mailing Address Principal Place of Business 27 E. ORANGE ST. TARPON SPRINGS FL 34689 4157 MARINER BLVD SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc Suite, Apt #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2159415 Not Applicable Country \$8.75 Additional Zio Zio Country 5. Certificate of Status Desired Fee Becuired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLIMIS, GEORGE N Street Address (P.O. Box Number is Not Acceptable) 27 E. ORANGE ST. TARPON SPRINGS FL 34689 City Zip Code 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. (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition Delete TITLE TITLE FRATIANNI, DEBRA L MALIF NAME U00000025598 02/02/04-80112-005 150.00 4106 BUCKEYE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CRTY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME RUNION, HARLAN R NAME STREET ADDRESS 6269 CLEARWATER DRIVE STREET ADDRESS SPRING HILL FL 34606 CITY+ST-ZIP CITY - ST- ZIP Delete Change Addition हहा ह TITLE NAME RUNION, RONNIE L SEASAF STREET ADDRESS STREET ADDRESS 24094 HIDDEN MEADOWS RD. CITY - ST- ZIP CITY-ST-ZEP BROOKSVILLE FL 34601 ☐ Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C37Y - ST- 78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-78P 12. Thereby 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.

FILED