

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90036 003 \*\*\*150.00

**94030198**



01292004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F69674</b> 1. Entity Name <b>TROPICAL LANDSCAPE AND DESIGN, INC.</b>					
Principal Place of Business <b>6916 N.W. 29 AVENUE FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>6916 N.W. 29 AVENUE FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>1510 S.E. 14TH STREET</b>		3. Mailing Address <b>1510 S.E. 14TH STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DEERFIELD BEACH FL</b>		City & State <b>DEERFIELD BEACH FL</b>		4. FEI Number <b>59-2162437</b>	
Zip <b>33441</b>		Country <b>BROWARD</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HUGHES, MARK W 6916 NW 29TH AVENUE FT. LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1510 S.E. 14TH STREET</b> City <b>DEERFIELD BEACH, FL</b> Zip Code <b>33441</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUGHES, PATRICIA J <b>6916 NW 29TH AVENUE FT. LAUDERDALE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1510 S.E. 14TH STREET <b>DEERFIELD BEACH, FL 33441</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUGHES, MARK W <b>6916 NW 29TH AVENUE FT. LAUDERDALE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1510 S.E. 14TH STREET <b>DEERFIELD BEACH, FL 33441</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Patricia J Hughes</i>		3/12/04		954/421-873	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	