2005 FOR PROFIT CORPORATION --- ANNUAL REPORT

SIGNATURE:

FILED Feb 21, 2005 08:00 AM DOCUMENT # F81783 **Secretary of State** 1. Entity Name LANDER'S NURSEY & LANDSCAPING, INC. Principal Place of Business Mailing Address 13720 S.W. 14TH STREET _13720 S.W. 14TH STREET DAVIE, FL 33325 US ... - DAVIE, FL 33325 US want will appear to the configuration of 01/29/2005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-2199579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DC NOT WRITE LENZEN, KIRK L 13720 S W 14TH STREET **DAVIE, FL 33325** 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. (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable U00000238869 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00)2/22/05-80015-022 150**.0**0 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TILE LENZEN, KIRK J NAME STREET ADDRESS 13720 S.W. 14TH STREET CITY-ST-ZIP **DAVIE, FL 33325** TITLE NAME STREET ADDRESS CITY- ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE 3£TIT NAME STREET ADDRESS CITY-ST ZIP this be da serve a chi NAME STREET ADORESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-712 12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section (19.07(3)(i)). Exiride Statutes, I further certify that the information indicated on this report or supplierrental report is true and accurate and that my signature shall have the same legal of ect as if made under calls; that I am an officer or director of the corporation or the receiver or invites empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed or on an attachment with a plad crass, with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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