

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H28416**

1. Entity Name  
**R.S. WALSH LANDSCAPING, INC.**



Principal Place of Business  
**8050 PENZANCE BLVD.  
FT. MYERS, FL 33912**

Mailing Address  
**8050 PENZANCE BLVD  
FORT MYERS, FL 33912 US**

**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2466087**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WALSH, ROBERT S.  
8050 PENZANCE BLVD.  
FT. MYERS, FL 33912**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	WALSH, ROBERT S.
STREET ADDRESS	8050 PENZANCE BLVD
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	WALSH, ROBERT S.
STREET ADDRESS	8050 PENZANCE BLVD
CITY-ST-ZIP	FT. MYERS, FL
TITLE	V
NAME	WALSH, LISA
STREET ADDRESS	8050 PENZANCE BLVD
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000134418  
04/28/04-80018-020 150.00

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IN THIS SPACE**

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:** Robert S. Walsh **President** 4/23/04 239-768-5655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #