2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 8:00 am DOCUMENT # K49515 **Secretary of State** 02-28-2005 90217 030 ***150.00 SOUTHERN LANDSCAPE MANAGEMENT CORPORATION Principal Place of Business Mailing Address 20802 69TH VE E BRADENTON FL 34202 20802 69TH AVE E 50019734 BRADENTON FL. 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0089271 Not Applicable Country Country \$8.75 Additional 3421 5. Certificate of Status Desired 34211 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEWITT, GREGORY D. Street Address (P.O. Box Number is Not Acceptable) 20802 69TH AVE E **BRADENTON FL 34211** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition DEWITT, GREGORY D. NAME NAME STREET ADDRESS 20802 69TH AVE E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete TITEE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete - Change Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITE F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER ORDINACTOR

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