## 2004 FOR PROFIT CORPORATION

## **FILED** May 07. 2004 08:00 AM

ANNUAL REPORT			Secretary of State			
DOCUMENT # K87903' .  1. Entity Name LONGWOOD HILLS LANDSCAPING COMPANY, INC.				,	secreta	ry or State
280 LONGWOOD HILLS RD	Mailing Address 280 LONGWOOD HILLS RD LONGWOOD, FL 32752-1269			T. 1000 1700 1804 1804 1808		18/1 B14/1 B14110B1 11 11 12 8
DO NOT WRITE IN THIS SPA		CE	01082004 No Chg-P CR2E034 (10/03)  4. FELNumber Applied For S9-3045441 No: Applied For No: Applied For Page 10 Status Desired Required Fee Required			
6. Name and Address of Current Registered Agent  AFSHARI, MARYAM  280 LONGWOOD HILLS RD  LONGWOOD, FL 32750				NOT V THIS S		
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						
After May 1, 2004 Fee will be \$550.00	Trust Fund Contribution	☐ Add	ed to Fees			
10. OFFICERS AND DIR  1/TLE PD  AFSHARI, MARYAM  SIREET ADDRESS CITY-ST-Z-P LONGWOOD, FL 32750  1/TLE S  NAME AFSHARI, NADIA  STREET ADJRESS CITY-ST-Z-P LONGWOOD HILLS RD  LONGWOOD, FL 32750  1/TLE S  LONGWOOD HILLS RD  LONGWOOD, FL 32750	AFSHARI, MARYAM 280 LONGWOOD HILLS RD LONGWOOD, FL 32750  S AFSHARI, NADIA 280 LONGWOOD HILLS RD LONGWOOD FL 32750  ADDRESS -ZIP ADDRESS AFSHARI, NADIA 280 LONGWOOD HILLS RD LONGWOOD, FL 32750			U00) 05/07/1	0001 <b>581</b> 57 04-80010-	, -008 158.75
I/TLE NAME SIRLET AUGRESS CITY-ST-ZIP  I/TLE NAME STREET ADDRESS C-TY-S1-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE						

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: MARYAM AFSHARI MANGETOR

5/1/04

407-339-2680

Daytime Phone #