2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

Mar 03, 2004 08:00 AM Secretary of State DOCUMENT # L15048 1. Entity Name > * PRD LANDSCAPING AND FERTILIZING, INC. Mailing Address Principal Place of Business C/O PAUL R. DOUGHERTY 9063 PALOMINO DR C/O PAUL R. DOUGHERTY 9063 PALOMINO DR LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0143690 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUGHERTY, PAUL R. Street Address (P.O. Box Number is Not Acceptable) 9063 PALOMÍNO DR LAKE WORTH FL 33467 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Delete TITLE Addition NAME DOUGHERTY, PAUL R. NAME U00000074239 STREET ADDRESS 9063 PALAMINO DR STREET ADDRESS 03/03/04-80011-014 150.00 CITY - ST - ZIP LAKE WORTH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DOUGHERTY, NANETTE NAME STREET ADDRESS 9063 PALOMINO DR STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

Ther like empowered.

FILED