


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90265 030 ***150.00

DOCUMENT # L35360 1. Entity Name PREMIER LANDSCAPING, INC.	
--	---

Principal Place of Business %RICHARD B. MAGOLAN 1751-ST. ANTHONY DRIVE CLEARWATER FL 34619	Mailing Address %RICHARD B. MAGOLAN 1751-ST. ANTHONY DRIVE CLEARWATER FL 34619
---	---



MOORE CR2E034 (11/03)

2. Principal Place of Business <i>827 Wilkie St. Dunedin Fl. 34689</i>	3. Mailing Address <i>827 Wilkie St.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Dunedin Fl.</i>	City & State <i>Dunedin Fl.</i>	4. FEI Number 59-2981079	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34689</i>	Country <i>USA</i>	Zip <i>34689</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HUNTER, KENNETH E 2043 PINE RIDGE DR. CLEARWATER FL 33763-1325	7. Name and Address of New Registered Agent Name <i>Kenneth E. Hunter</i> Street Address (P. O. Box Number is Not Acceptable) <i>827 Wilkie St.</i> City <i>Dunedin Fl.</i> FL Zip Code <i>34689</i>
--	---

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 *Kenneth E. Hunter* (NOTE: Registered Agent signature required when reinstating) DATE *4-29-04*

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete MAGOLAN, RICHARD B. 1751-ST. ANTHONY DRIVE CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete MAGOLAN, JANET C. 1751-ST. ANTHONY DRIVE CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth E. Hunter 827 Wilkie St. Dunedin Fl. 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Mutschler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 827 Wilkie St. Dunedin Fl. 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth E. Hunter* **Kenneth E. Hunter** DATE: *4-29-04* DAYTIME PHONE #: *727-424-4811*