


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90017 042 \*\*\*150.00

<b>DOCUMENT # L53018</b> 1. Entity Name <b>PREMIER LANDSCAPE SERVICES INC.</b>					
Principal Place of Business <b>6306 SEMINOLE ST ORLANDO, FL 32822 US</b>			Mailing Address <b>P.O. BOX 720595 ORLANDO, FL 32872 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-2994294</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GENTILE, MICHAEL J. 3703 PEACE PIPE DR ORLANDO, FL 32829</b>			7. Name and Address of New Registered Agent Name <b>GENTILE, MIKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7606 DAETWYLER DR.</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32812</b>		
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 <u><i>Michael J. Gentile</i></u> <b>MICHAEL J. GENTILE</b> <b>4/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENTILE, MICHAEL J. 3703 PEACE PIPE DR ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GENTILE, STEPHEN A 7606 DAETWYLER DR ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GENTILE, MATTHEW C. 7606 DAETWYLER DR ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: <u><i>Michael J. Gentile</i></u> <b>MICHAEL J. GENTILE</b> <b>4/2/04</b> <b>407 381 3545</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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