

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90266 025 ***150.00

DOCUMENT # L54922

1. Entity Name
ALL-TERRAIN LANDSCAPE & IRRIGATION, INC.



Principal Place of Business
**12828 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32258**

Mailing Address
**PO BOX 57207
JACKSONVILLE, FL 32241**

54036476



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2991412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TISON, JIMMY L.
52 FINCH COURT
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME TISON, JIMMY L.
STREET ADDRESS 52 FINCH COURT
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE S ☒ Delete
NAME ALEX R. FAY
STREET ADDRESS 13961 SHIPWRECK CIR SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS ☐ Change ☒ Addition
NAME Tison, Jimmy L.
STREET ADDRESS 52 Finch Court
CITY-ST-ZIP Orange Park, FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy L Tison

4/15/04

Date

904-571-0102

Daytime Phone #