

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58560

FILED
Apr 26, 2004
Secretary of State

Entity Name: LANDSCAPE MANAGERS, INC.

Current Principal Place of Business:

INDUSTRIAL PARK RD
BLDG. J
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1884
DESTIN, FL 325401884

New Mailing Address:

FEI Number: 59-2997674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMMONS, ERNEST W., JR.
519 KELLY ST.
DESTIN, FL 32541

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: AMMONS, ERNEST W., J, R.
Address: 519 KELLY ST.
City-St-Zip: DESTIN, FL

Title: DVS () Delete
Name: AMMONS, KATHRYN G.,
Address: 519 KELLY ST.
City-St-Zip: DESTIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: AMMONS, ERNEST W., J, R.
Address: 519 KELLY ST.
City-St-Zip: DESTIN, FL 32541

Title: DVS (X) Change () Addition
Name: AMMONS, KATHRYN G.,
Address: 519 KELLY ST.
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST W. AMMONS, JR.

DPT

04/26/2004

Electronic Signature of Signing Officer or Director

Date