

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L93509 1. Entity Name GOPPERT'S LANDSCAPING & MAINTENANCE SERVICE, INC	
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Principal Place of Business P.O. BOX 17996 WEST PALM BEACH FL 33416	Mailing Address P.O. BOX 17996 WEST PALM BEACH FL 33416
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FE Number 65-0181632	<input type="checkbox"/> Applied <input type="checkbox"/> Not App
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Addition. Fee Required

6. Name and Address of Current Registered Agent GOPPERT, ALICE PRESSNER 1590 SW BALMORAL GOPPERT STUART FL 34997	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent or filer if applicable. (NOTE: Registered Agent signature required when resigning)

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 Added to F
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	D GOPPERT, ALICE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	1590 SW BALMORAL TRACE	NAME	U00000136879
STREET ADDRESS	STUART FL 34997	STREET ADDRESS	04/29/04-80019-016 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/>
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/>
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/>
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice Goppert 4/25/04 (561) 881-1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #