


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90328 009 \*\*\*150.00

**DOCUMENT # M64258**  
 1. Entity Name  
**LANDSCAPE PLUS, INC.**



Principal Place of Business  
 3600 N.W. 2ND AVE.  
 BAY #317  
 BOCA RATON FL 33432

Mailing Address  
~~346 COTTONWOOD LN  
 BOCA RATON FL 33487~~  
*New Address*

J00J5642



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
*1530 SW 8th Street*  
 Suite, Apt. #, etc.

City & State  
~~Boca Raton, Florida~~  
*Boca Raton, Florida*

4. FEI Number **65-0247046**  
 Applied For  
 Not Applicable

Zip Country  
~~33486 Boca Raton~~  
*33486 Palm Beach*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~PAGE, MICHAEL H.  
 346 COTTONWOOD LN  
 BOCA RATON FL 33486~~  
*1530 SW 8th Street  
 Boca Raton, FL, 33486*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	PAGE, MICHAEL H.
STREET ADDRESS	<del>346 COTTONWOOD LN</del> <i>1530 SW 8th St</i>
CITY - ST - ZIP	<del>DELRAY BEACH FL 33482</del> <i>Boca Raton, FL 33486</i>
TITLE	VD <input type="checkbox"/> Delete
NAME	PAGE, LYNDA M.
STREET ADDRESS	<del>346 COTTONWOOD LN</del> <i>1530 SW 8th St</i>
CITY - ST - ZIP	<del>BOCA RATON FL 33487</del> <i>Boca Raton, FL 33486</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:**  *Michael H. Page Pres.* **4/9/05** **561 221-4119**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #