


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 Zip Country
~~33486~~ *33486* ~~Palm Beach~~ *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	346 COTTONWOOD LN <i>1530 SW 8th St</i>
CITY-ST-ZIP	DELRAY BEACH FL 33482 <i>Boca Raton, FL 33486</i>
TITLE	VD <input type="checkbox"/> Delete
NAME	PAGE, LYNDA M.
STREET ADDRESS	346 COTTONWOOD LN <i>1530 SW 8th St</i>
CITY-ST-ZIP	BOCA RATON FL 33487 <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 #