
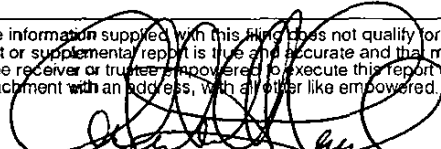


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 <i>New Address</i>	
2. Principal Place of Business		3. Mailing Address <i>1530 SW 8th Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Boca Raton, Florida</i>	
Zip	Country	Zip	Country
		<i>33486</i>	<i>Palm Beach</i>
4. FEI Number		4. FEI Number	
		<i>65-0247046</i>	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAGE, MICHAEL H. 346 COTTONWOOD LN BOCA RATON FL 33486		Name	
<i>1530 SW 8th Street Boca Raton, FL, 33486</i>		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, MICHAEL H.	NAME	
STREET ADDRESS	346 COTTONWOOD LN <i>1530 SW 8th St</i>	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33482 <i>Boca Raton, FL 33486</i>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, LYNDA M.	NAME	
STREET ADDRESS	346 COTTONWOOD LN <i>1530 SW 8th St</i>	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487 <i>Boca Raton, FL 33486</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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. <i>4/9/5</i> <i>561 221-4119</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

J00J5642



1st MOORE CR2E034 (10/04)