## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000009741

FILED Apr 20, 2004 Secretary of State

Entity Name: EARTHCARE LANDSCAPE & MAINTENANCE INC.

Current Principal Place of Business: New Principal Place of Business:

1771 STATE RD 13 JACKSONVILLE, FL 32259

Current Mailing Address: New Mailing Address:

6750 COUNTY RD 208 SAINT AUGUSTINE, FL 32092

FEI Number: 59-3636974 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBISON, MARY A ROBISON, MARY A ESQUIRE ONE INDEPENDENT DRIVE SUITE 2600 SUITE 2600

JACKSONVILLE, FL 32202 US ROBISON, MARY A ESQUIRE ONE INDEPENDENT DRIVE SUITE 2600

JACKSONVILLE, FL 32202 US

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: MARY A. ROBISON, ESQUIRE 04/20/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VAS ( ) Delete Title: DPST (X) Change ( ) Addition

Name: PILINKO, NICK Name: PILINKO, NICK Address: 6750 COUNTY ROAD 208 6750 COUNTY ROAD 208

City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32092

 Title:
 DPST
 (X) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 PILINKO, SHELLEY
 Name:

 Address:
 6750 COUNTY ROAD 208
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:

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: NICK PILINKO DPST 04/20/2004