


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90058 029 ***150.00

DOCUMENT # P00000039632	
1. Entity Name ABOVE & BEYOND LANDSCAPE, INC.	

Principal Place of Business 8808 SOUTHEAST RIGDEN WAY HOBE SOUND FL 33455	Mailing Address POST OFFICE BOX 750 HOBE SOUND FL 33475
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2. Principal Place of Business 5782 SE Cable Dr.	3. Mailing Address P.O. Box 750
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart, FL	City & State Hobe Sound, FL
Zip 34997	Zip 33475-0750
Country USA	Country USA



MOORE CR2E034 (1/1/03)

4. FEI Number 65-1001259		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DEETS, BARRY 7000 SE FEDERAL HWY SUITE 310 STUART FL 34997		7. Name and Address of New Registered Agent Name N/A 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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, STEPHEN L		NAME Steve L Morris	
STREET ADDRESS 8808 SOUTHEAST RIGDON WAY	→	STREET ADDRESS 5782 SE Cable Dr.	
CITY-ST-ZIP HOBE SOUND FL 33475		CITY-ST-ZIP Stuart, FL 34997	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, BRIANNE		NAME Brianne Morris	
STREET ADDRESS 8808 SE RIGDEN WAY	→	STREET ADDRESS 5782 SE Cable Dr.	
CITY-ST-ZIP HOBE SOUND FL 33455		CITY-ST-ZIP Stuart, FL 34997	
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: Brianne Morris **Brianne Morris** **3.17.04** **772.545.3752**
Signature and typed or printed name of signing officer or director Date Daytime Phone #