2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053302

1. Entity Name
MCCORMICKS LANDSCAPES & FLORAL DESIGNS INC.

Principal Place of Business	Mailing Address
9875 US HWY 1	494 EASY ST.
SEBASTIAN, FL 32958	SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1013060	Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMICK, WILLIAM J IV
494 EASY ST.
SEBASTIAN, FL 32958

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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_____

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

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

U000000153064
05/04/04-80112-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCORMICK, WILLIAM J IV
STREET ADDRESS	494 EASY ST.
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	V
NAME	STATES, LINDA S
STREET ADDRESS	494 EASY ST.
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _William J McCormick IV_   APR.   772-5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #