

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083025

FILED
May 01, 2005
Secretary of State

Entity Name: ROUNDTREE TURF AND ORNAMENTAL MANAGEMENT, INC.

Current Principal Place of Business:

1228 THOMAS DRIVE
PORT ORANGE, FL 32119

New Principal Place of Business:

841 CHAMPIONS DR.
DAYTONA BEACH, FL 32124

Current Mailing Address:

PO BOX 290774
PT. ORANGE, FL 321290774

New Mailing Address:

FEI Number: 59-3667255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUNDTREE, JAMES A
1228 THOMAS DRIVE
PORT ORANGE, FL 32119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROUNDTREE, JAMES A
Address: 1228 THOMAS DRIVE
City-St-Zip: PORT ORANGE, FL 32119

Title: D (X) Delete
Name: ROUNDTREE, TERESA J
Address: 1228 THOMAS DRIVE
City-St-Zip: PORT ORANGE, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES ROUNDTREE

D

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date