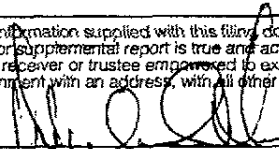


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000092140		
1. Entity Name LANDSCAPE DESIGN SOLUTIONS, INC.		
Principal Place of Business 916 WESSON DR. CASSELBERRY, FL 32707		Mailing Address 916 WESSON DR. CASSELBERRY, FL 32707
DO NOT WRITE IN THIS SPACE		
		
01232005 No Chg-P CR2E034 (10/03)		
4. FEI Number 58-3687823		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required.
6. Name and Address of Current Registered Agent MORRIS, MICHAEL W 916 WESSON DR. CASSELBERRY, FL 32707		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, MICHAEL R 402 MOFFAT LOOP OVIEDO, FL 32765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, MICHAEL W 916 WESSON DR. CASSELBERRY, FL 32707	
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		
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 Morris 2/9/05 321 689 2359		Date Daytime Phone #