

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114814

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: TOTAL LANDSCAPE SUPPLY, INC.

## Current Principal Place of Business:

2225 S. JEFFERSON ST.  
MONTICELLO, FL 32344

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 697  
MONTICELLO, FL 32345

## New Mailing Address:

FEI Number: 59-3677060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIRD, T. BUCKINGHAM  
385 N. JEFFERSON ST.  
MONTICELLO, FL 32344 US

## Name and Address of New Registered Agent:

BIRD, T. BUCKINGHAM  
165 E DOGWOOD ST.  
MONTICELLO, FL 32344 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: T BUCKINGHAM BIRD

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BESHEARS, HALSEY  
Address: 2525 S. JEFFERSON ST  
City-St-Zip: MONTICELLO, FL 32344

Title: STD ( ) Delete  
Name: BESHEARS, ROB  
Address: RT. 4 BOX 4188  
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete  
Name: BESHEARS, FRED  
Address: 52 NACOOSA RD  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition  
Name: BESHEARS, ROB  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

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

Title: SEC ( ) Change (X) Addition  
Name: BESHEARS, THAD H  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

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: FRED H. BESHEARS

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date