


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000001764 |  |
| 1. Entity Name COLAS LANDSCAPE, INC. | |

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|---|---|
| Principal Place of Business 1761 SW 65TH AVENUE BOCA RATON FL 33428 | Mailing Address 1761 SW 65TH AVENUE BOCA RATON FL 33428 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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| COLAS, IVAN 1761 SW 65TH AVENUE BOCA RATON FL 33428 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |

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 reconstituting) | DATE |
|-----------|---|------|

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD COLAS, IVAN L 1761 SW 65TH AVENUE BOCA RATON FL 33428 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD COLAS, AMILCAR L 1761 SW 65TH AVENUE BOCA RATON FL 33428 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |

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 changed, or on an attachment with an address, with all employee empowered.

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|------------|---|------|---------|-----------------|--------------|
| SIGNATURE: |  | Date | 1/22/04 | Daytime Phone # | 561-271-8939 |
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