

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-26-2005 90027 004 \*\*\*550.00

<b>DOCUMENT # P01000012374</b> 1. Entity Name <b>SUNSCAPES LANDSCAPE DESIGN, INC.</b>					
Principal Place of Business <b>2849 VILLAGE GROVE DRIVE S JACKSONVILLE, FL 32257</b>			Mailing Address <b>2849 VILLAGE GROVE DRIVE S JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business <b>8853 San Jose Blvd.</b> Suite, Apt. #, etc. <b>Jacksonville, FL</b> City & State <b>32217 Duval</b> Zip Country		3. Mailing Address <b>8853 San Jose Blvd.</b> Suite, Apt. #, etc. <b>Jacksonville, FL</b> City & State <b>32217 Duval</b> Zip Country			
05252005 Chg-P CR2E034 (10/03)				4. FEI Number <b>59-3701871</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SLOTT, ARNOLD H SLOTT &amp; BARKER 334 E. DUVAL STREET JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, GERALDINE C 2849 VILLAGE GROVE DRIVE S JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Crouch, Geraldine C. 8853 San Jose Blvd. Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, JUDITH P 2849 VILLAGE GROVE DRIVE S JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Drake, Judith P. 8853 San Jose Blvd. Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE</b>			Date <b>5/25/05</b> Daytime Phone # <b>904-730-4330</b>		