

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 043 ***150.00

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1. Entity Name

CLASSIC LANDSCAPE LIGHTS, INC.



Principal Place of Business

14444 BCH BLVD STE 18-183
JACKSONVILLE, FL 32250

Mailing Address

14444 BCH BLVD STE 18-183
JACKSONVILLE, FL 32250

14286-19 Beach Blvd Ste #331
Jacksonville FL 32250

14286-19 Beach Blvd Ste #331
Jacksonville FL 32250



01262004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3712752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, WILLIAM H JR
2106 SAWGRASS VILLAGE
PONTE VEDRA BCH, FL 32082

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ROMANO, GUY P
STREET ADDRESS 4515 GRASSEY CAY LN
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D
NAME ROMANO, MARIE A
STREET ADDRESS 4515 GRASSEY CAY LN
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE V
NAME ROMANO, THOMAS J
STREET ADDRESS 4515 GRASSEY CAY LN
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S
NAME ROMANO, TERESA M
STREET ADDRESS 4515 GRASSEY CAY LN
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-04