

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000042533 1. Entity Name FIVE SONS LANDSCAPE, INC.					
Principal Place of Business 315 W GRANT STREET ORLANDO, FL 32806			Mailing Address PO BOX 568155 ORLANDO, FL 32856-8155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED

05 APR 15 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03242005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3715994		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FUSSELL, STEPHEN 2313 S SUMMERLIN AVE ORLANDO, FL 32829			7. Name and Address of New Registered Agent Name FUSSELL, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2915 Oxford Street City ORLANDO FL Zip Code 32806		
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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 **MICHAEL FUSSELL (Registered Agent)** 3/31/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☒ Delete FUSSELL, LAWRENCE E JR 4153 EAGLE FEATHER DR ORLANDO, FL 32829		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ☒ Delete FUSSELL, STEPHEN 2313 S. SUMMERLIN AVE ORLANDO, FL 32806		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ☐ Delete FUSSELL, MICHAEL 2313 S. SUMMERLIN AVE ORLANDO, FL 32806		TITLE	D, P ☒ Change ☐ Addition FUSSELL, MICHAEL 2915 OXFORD STREET ORLANDO, FL 32806	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 FUSSELL (PRESIDENT)** 3/31/05 832-0946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #