


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90213 024 ***150.00

DOCUMENT # P01000051467

1. Entity Name
SOF TOUCH LANDSCAPING, INC.



Principal Place of Business 320 W SABAL PALM PLACE STE 200 LONGWOOD, FL 32779	Mailing Address 320 W SABAL PALM PLACE STE 200 LONGWOOD, FL 32779
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94073627



2. Principal Place of Business 320 W. Sabal Palm Place Suite, Apt. #, etc. Suite 300	3. Mailing Address 320 W. Sabal Palm Place Suite, Apt. #, etc. Suite 300
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04292004 Chg-P CR2E034 (10/03)

City & State Longwood, FL	City & State Longwood, FL	4. FEI Number 59-3722318	Applied For Not Applicable
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Zip 32779	Country	Zip 32779	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR
320 W SABAL PALM PLACE STE 200
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name
Keidaish, Philip, F. Jr.
 Street Address (P.O. Box Number is Not Acceptable)
320 W. Sabal Palm Place
Suite 300
 City
Longwood **FL** Zip Code
32779

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 _____

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 D	<input type="checkbox"/> Delete
NAME HOLLINGER, SLAVARIO	
STREET ADDRESS 320 W SABAL PLACE STE 300	
CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Slavario Hollinger* President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04 407-682-7711
 Date Daytime Phone #