


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90118 029 \*\*\*150.00

**DOCUMENT # P01000051467**

1. Entity Name  
**SOF TOUCH LANDSCAPING, INC.**



Principal Place of Business  
**320 W SABAL PALM PLACE  
 SUITE 300  
 LONGWOOD, FL 32779**

Mailing Address  
**320 W SABAL PALM PLACE  
 SUITE 300  
 LONGWOOD, FL 32779**

2. Principal Place of Business  
**760 Northwood Circle**  
 Suite, Apt. #, etc.


3. Mailing Address  
**760 Northwood Circle**  
 Suite, Apt. #, etc.

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

Zip  
**32789** Country

Zip  
**32789** Country



04292005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR  
 320 W SABAL PALM PLACE  
 SUITE 300  
 LONGWOOD, FL 32779**

4. FEI Number  
**59-3722318**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **Slavario Hollinger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**760 Northwood Circle**  
 City **Winter Park** **FL** Zip Code **32789**

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 **Slavario Hollinger** **Slavario Hollinger** **4-27-05**  
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

10. OFFICERS AND DIRECTORS

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

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** **Slavario Hollinger** **4-27-05** **407-468-0541**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #