## 2004 FOR PROFIT CORPORATION SANNUAL REPORT

changed, or on an attachment

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE** 

## Mar 15, 2004 8:00 am **DOCUMENT # P01000091329 Secretary of State** 1. Entity Name 03-15-2004 90035 039 \*\*\*150.00 WILSON LANDSCAPING & MANAGEMENT CORP. Principal Place of Business Mailing Address 207 SW 13 AVE. 2<del>07 SW 13 AVE.</del> BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address 1315 NW 8 13.5 NW 8 17 Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number 65-1139856 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33426 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, DANNY Street Address (P.O. Box Number is Not Acceptable) <del>207 SW 13 A</del>VE. BOYNTON BEACH, FL 33435 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ח ☐ Delete Addition TITLE TITLE Change WILSON, DANNY NAME NAME 1315 NW 8 31. STREET ADDRESS 207 SW 13 AVE: STREET ADDRESS BOUNTON BEACH IL 33426-3010 BOYNTON BEACH, FL 39495 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME \$ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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

FILED