

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

09-14-2005 90001 046 ***550.00

DOCUMENT # P01000108858 1. Entity Name LANDSCAPE RESOURCES U.S.A., INC.			
Principal Place of Business 4962 N. PINE AVE. WINTER PARK, FL 32792		Mailing Address 4962 N. PINE AVE. WINTER PARK, FL 32792	
2. Principal Place of Business 111 Atlantic Annex Point Suite, Apt. #, etc. Suite 3		3. Mailing Address PO Box 940646 Suite, Apt. #, etc.	
City & State Maitland, FL		City & State MAITLAND, FL	
Zip 32751-3369		Zip 32744-0646	
Country USA		Country USA	
6. Name and Address of Current Registered Agent RICHARDSON, CHARLES E 1907 STONEHURST ROAD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Charles E. Richardson Street Address (P.O. Box Number is Not Acceptable) 111 Atlantic Annex Pt. Suite 3 Maitland, FL 32781 City Maitland FL Zip Code 32761	
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 <u><i>Charles E. Richardson</i></u> 9/06/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RICHARDSON, CHARLES E 1907 STONEHURST ROAD WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 line empowered.			
SIGNATURE: <u><i>Charles E. Richardson</i></u> / CHARLES E. RICHARDSON 9/06/05 (407) 672-0814 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

50066705



06292005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3758805
Applied For
Not Applicable

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