

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000116242

1. Entity Name
SMG LANDSCAPE SERVICE, INC.



Principal Place of Business
13811 ROANOKE ST.
DAVIE, FL 33325

Mailing Address
P.O. BOX 290806
DAVIE, FL 33329



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1158217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALOR, SANDRA M
13811 ROANOKE ST.
DAVIE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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: *Sandra M. Galor, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/30/04
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALOR, SANDRA M
STREET ADDRESS	P.O. BOX 290806
CITY- ST- ZIP	DAVIE, FL 33329
TITLE	D
NAME	LUPO, PHIL
STREET ADDRESS	13811 ROANONKE ST.
CITY- ST- ZIP	DAVIE, FL 33325
TITLE	D
NAME	LUPO, SIGRID
STREET ADDRESS	13811 ROANONKE ST.
CITY- ST- ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000163048
07/02/04-80002-007 550.00

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IN THIS SPACE**

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: *Sandra M. Galor / Sandra M. Galor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 954.680.1740
Date Daytime Phone #