

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000004338

FILED  
May 20, 2005  
Secretary of State

Entity Name: ATLANTIC COAST LANDSCAPE OF JACKSONVILLE, INC.

## Current Principal Place of Business:

1629 SIXTH STREET SOUTH  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

12582 LOOKOUT MOUNTAIN CT  
JACKSONVILLE, FL 32225

## Current Mailing Address:

1629 SIXTH STREET SOUTH  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

12582 LOOKOUT MOUNTAIN CT.  
JACKSONVILLE, FL 32225

FEI Number: 59-3606808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPROUSE, LEE A JR  
1629 SIXTH STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

SPROUSE, BRYAN A  
12582 LOOKOUT MOUNTAIN CT  
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: BRYAN SPROUSE

05/20/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SPROUSE, AMANDA G  
Address: 1629 6TH STREET SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SPROUSE, BRYAN A  
Address: 12582 LOOKOUT MOUNTAIN CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Change (X) Addition  
Name: KHALILI, MAURICE  
Address: 2414 COVINGTON CREEK CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T ( ) Change (X) Addition  
Name: KHALILI, RACHEL  
Address: 2414 COVINGTON CREEK CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Change (X) Addition  
Name: SPROUSE, HEIDI L  
Address: 12582 LOOKOUT MOUNTAIN CT  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN SPROUSE

P

05/20/2005

Electronic Signature of Signing Officer or Director

Date