

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90008 036 ***150.00

DOCUMENT # P02000030382 1. Entity Name EDDIES LANDSCAPING, INC					
Principal Place of Business 1820 N. 49TH AVE. HOLLYWOOD, FL 33021			Mailing Address 1820 N. 49TH AVE. HOLLYWOOD, FL 33021		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 46-0471957	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANCINI, FRANK J 2128 HOLLYWOOD BLVD HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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	P RESNICHENCO, DEUARDO 1820 N. 49TH AVE. HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESNICHENCO, EDUARDO 1820 N. 49 AVE. HOLLYWOOD FL 33021	
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	
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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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 			PRES 5/17/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



ATTACHMENT

D02000030382
44045565

Fiorello Income Tax Service
2128 Hollywood Blvd.
Hollywood, FL 33020
(954) 922-1221
(954) 922-5239 fax

05/17/2004

Dear Sirs::

As per my conversation with one of your representatives, I am sending a check in the amount of \$150.00. My client never received a renewal Annual Report. He was not aware of the fact that cards were being sent to renew on line or to download a report. He is asking for a waiver of penalty for this matter.

Frank J. Mancini EA #2002-68858



Fiorello Income Tax Service