

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90233 008 ***150.00



DOCUMENT # P02000037121
 1. Entity Name
LOFTUS LANDSCAPING, INC.

Principal Place of Business Mailing Address
 2851 FILLMORE ST 2851 FILLMORE ST
 506 506
 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

2. Principal Place of Business 3. Mailing Address
Hollywood Fl 6317 Grant Ct 6317 Grant Ct
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hollywood Hollywood

Zip Country Zip Country
33024 USA 33024 USA



4. FEI Number **03-0465232** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LOFTUS, THOMAS
2851 FILLMORE ST
506
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name *Thomas Loftus*
 Street Address (P.O. Box Number is Not Acceptable)
6317 Grant Ct
 City *Hollywood* **FL** Zip Code *33024*

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 *Thomas Loftus* DATE *4/21/05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFTUS, THOMAS 2851 FILLMORE ST HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Loftus Thomas 6317 Grant Ct Hollywood Fl 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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)(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: *Thomas Loftus* DATE: *4/21/05* DAYTIME PHONE #: *954 290 4240*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR