

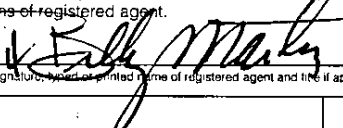
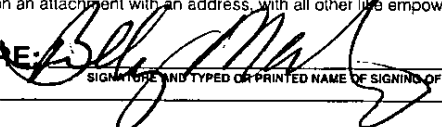


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90061 005 ***150.00

DOCUMENT # P02000038908 1. Entity Name QUALITY LANDSCAPING, INC.					
Principal Place of Business 3550 NORTH CR 19A SUITE #1 MOUNT DORA, FL 32757			Mailing Address 3550 NORTH CR 19A SUITE #1 MOUNT DORA, FL 32757		
2. Principal Place of Business 200 HIAWATHA CR <small>Suite, Apt. #, etc.</small>		3. Mailing Address 200 HIAWATHA CIR <small>Suite, Apt. #, etc.</small>		40040546 	
City & State LEESBURG FL <small>Zip</small> 34748 <small>Country</small> LAKE		City & State LEESBURG FL <small>Zip</small> 34748 <small>Country</small> LAKE		4. FEI Number 59-3701770	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DARBY, BILLY 23846 OAK LANE SORRENTO, FL 32776			7. Name and Address of New Registered Agent Name BILLY MARTIN Street Address (P.O. Box Number is Not Acceptable) 200 HIAWATHA CR City LEESBURG FL <small>Zip Code</small> 34748		
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  3-24-05 <small>Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD MARTIN, BILLY 3550 NORTH CR 19A, SUITE #1 MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres BILLY MARTIN 200 HIAWATHA CR LEESBURG FL 34748
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUSIE W MAYNARD 200 HIAWATHA CR LEESBURG FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELISSA MARTIN 200 HIAWATHA CR LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 			3-24-05 352-504-7407		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		