


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000039143 1. Entity Name D AND W LANDSCAPING GROUP, INC.	
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Principal Place of Business 2488 S.E. DORSON WAY DELRAY BEACH, FL 33445-2419	Mailing Address 2488 S.E. DORSON WAY DELRAY BEACH, FL 33445-2419
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0547117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PROCHETTE, DELICES 2488 S.E. DORSO WAY DELRAY BEACH, FL 33445-2419

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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000109488 04/12/04-80044-023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TURIN, WILNER 2101 S.W. 12TH AVENUE DELRAY BEACH, FL 334466208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PROCHETTE, DELICES 2488 S.E. DORSO WAY DELRAY BEACH, FL 334452419
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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: *Delices*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____