

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000054916

1. Entity Name
ALL ABOUT LANDSCAPING, INC.



Principal Place of Business
**701 DUCK LAKE RD
LADY LAKE, FL 32159**

Mailing Address
**PO BOX 549
LADY LAKE, FL 32158**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **81-0551036** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SARTAIN, CHAD W
1025 LINDSEY LN CT
LADY LAKE, FL 32158**

**DO NOT WRITE
IN THIS SPACE**

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 title 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. ☐ **\$5.00 May Be
Added to Fees**

UN00000095793
03/25/04-800003-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SARTAIN, CHAD W
STREET ADDRESS	PO BOX 549
CITY-ST-ZIP	LADY LAKE, FL 32158
TITLE	VP
NAME	MILLER, DAVID J
STREET ADDRESS	PO BOX 549
CITY-ST-ZIP	LADY LAKE, FL 32158
TITLE	ST
NAME	SARTAIN, JAMES K
STREET ADDRESS	PO BOX 549
CITY-ST-ZIP	LADY LAKE, FL 32158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04 352-753-3498
Date Daytime Phone #