

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000061516



1. Entity Name
ELITE LAND CARE, INC.

Principal Place of Business
4108 KIMBER RAE COURT
PLANT CITY, FL 33565

Mailing Address
4108 KIMBER RAE COURT
PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90255 048 ***150.00

~ZUUVUJ



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0711121	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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IN THIS SPACE**

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. 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

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HENGSTENBERG, BEVERLY J
STREET ADDRESS 4108 KIMBER RAE COURT
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE VD
NAME MORRIS, KILBY D
STREET ADDRESS 4108 KIMBER RAE COURT
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Beverly Hengstenberg

4-14-04

Daytime Phone #

(813) 719-2195