


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000069659	
1. Entity Name HARDSCAPE CREATIONS, INC.	

Principal Place of Business 1603 N.W. 202ND STREET NEWBERRY, FL 32669	Mailing Address 1603 N.W. 202ND STREET NEWBERRY, FL 32669
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0791623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUTTS, ROBERT P
5203 SW 91ST TERRACE
SUITE D
GAINESVILLE, FL 32608**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANTINEN, TOM 1603 N.W. 202ND STREET NEWBERRY, FL 32669
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04/01/05-80045-016 150.00

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 Lantinen **THOMAS LANTINEN** 352 472 5628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #