

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90013 006 \*\*\*158.75

DOCUMENT # P02000093274

1. Entity Name

SOUTHERN LANDSCAPE BORDERS, INC.



Principal Place of Business

13810 RUBEN CRAWFORD ROAD  
MACCLENNEY FL 32063  
US

Mailing Address

13810 RUBEN CRAWFORD ROAD  
MACCLENNEY FL 32063  
US

2. Principal Place of Business

143 NW Casey Glen

3. Mailing Address

143 NW Casey Glen

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32055

Country

US  
~~Columbia~~

Zip

32055

Country

US

4. FEI Number

56-2290014

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, ROBERT L JR.  
13810 RUBEN CRAWFORD ROAD  
MACCLENNEY FL 32063

7. Name and Address of New Registered Agent

Name

Brian K. Steele

Street Address (P.O. Box Number is Not Acceptable)

143 NW Casey Glen

City

Lake City

FL

Zip Code

32055

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

*Brian K. Steele* Brian K. Steele

2/22/04

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME HALL, ROBERT L JR.  
STREET ADDRESS 13810 RUBEN CRAWFORD RD  
CITY-ST-ZIP MACCLENNEY FL 32063

TITLE D ☐ Delete  
NAME STEELE, BRIAN K  
STREET ADDRESS RT 17 BOX 1751  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/O ☒ Change ☐ Addition  
NAME Steele, Brian K  
STREET ADDRESS 143 NW Casey Glen  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE S/T ☐ Change ☒ Addition  
NAME Steele, Aminell L  
STREET ADDRESS 143 NW Casey Glen  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Brian K. Steele* Brian K. Steele, President/Director

2/22/04

386-

754-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #