

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90026 031 \*\*\*158.75



**DOCUMENT # P02000107064**

1. Entity Name

**SHARPER IMAGE LANDSCAPE MANAGEMENT, INC.**

Principal Place of Business

14218 VIBURNUM LANE  
 ORLANDO FL 32828

Mailing Address

14218 VIBURNUM LANE  
 ORLANDO FL 32828

2. Principal Place of Business

205 Bluejay Way

Suite, Apt. #, etc.

3. Mailing Address

205 Bluejay Way

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

72-3064383

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERMER, AARON  
 14218 VIBURNUM LANE  
 ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

Aaron Germer

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

205 Bluejay Way

City

Orlando

FL

Zip Code

32828

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

*Aaron Germer*

Signature, typed or printed name of registered agent and title if applicable.

Aaron Germer Director

(NOTE: Registered Agent signature required when reinstating)

1/23/04

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	GERMER, AARON	14218 VIBURNUM LANE	ORLANDO FL 32828	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Aaron Germer* Aaron Germer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04

DATE

407-383-5448

Daytime Phone #