


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 038 ***163.75

DOCUMENT # P02000113562	
1. Entity Name SOLUTIONS LANDSCAPING MAINTENANCE, INC.	

Principal Place of Business 619 LINDELL BLVD. DELRAY BEACH FL 33444-1951	Mailing Address 619 LINDELL BLVD. DELRAY BEACH FL 33444-1951
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business SOLUTIONS LANDSCAPING, INC. Suite, Apt. #, etc. 619 LINDELL BLVD City & State DELRAY BEACH, FL 33444-1951 Zip Country 33444-1951 PALM BEACH	3. Mailing Address SOLUTIONS LANDSCAPING, INC. Suite, Apt. #, etc. 619 LINDELL BLVD City & State DELRAY BEACH, FLORIDA Zip Country 33444-1951 PALM BEACH
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4. FEI Number 57-1136630	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EXIUS, VACIUS 619 LINDELL BLVD. DELRAY BEACH FL 33444	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* *[Signature]* **02-17-05**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXIUS, VACIUS 619 LINDELL BLVD. DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **02-17-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #