


2004 FOR PROFIT CORPORATION ANNUAL REPORT

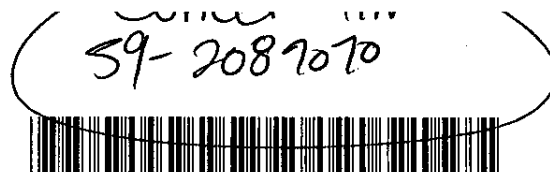
FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90289 031 ***158.75

DOCUMENT # P02000132576	
1. Entity Name AMERICAN LANDSCAPING & POOLS, INC.	

Principal Place of Business 1686 CHESTER RD. YULEE, FL 32097	Mailing Address PO BOX 16442 FERNANDINA BEACH, FL 32035
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)


4. FEE Number 54-2087070	Applied For 59-2087070
5. Certificate of Status Desired	Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DUNMAN, DERRICK D
1686 CHESTER RD.
YULEE, FL 32097**

**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 obligation to reinstate.

SIGNATURE:  DATE: _____

Signature required or printed name of registered agent or trustee (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 DUNMAN, DERRICK D P.O. BOX 16442 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNMAN, REBA M 1672 CHESTER RD. YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNMAN, LORIBETH P.O. BOX 16442 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  **Vicepresident** **4/8/04** **(904) 261-0728**

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