FILED
Feb 14, 2005 8:00 am
Secretary of State
01-18-2005 90109 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000134880

1. Entity Name
LANDSCAPE CONCEPTS, INC.

66001899

Principal Place of Business	Mailing Address
6553 N PALAFOX ST PENSACOLA, FL 32503	6553 N PALAFOX ST PENSACOLA, FL 32503

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3965605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARDIMAN, RICHARD K
6553 N PALAFOX ST
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Richard K. Hardiman DATE 1-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIMANN, RICHARD K 6553 N PALAFOX ST PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard K. Hardiman 1-14-05 (850) 478-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

660001899

#P02000134880

LANDSCAPE CONCEPTS, INC.

6553 NORTH PALAFOX ST
PENSACOLA, FL 32503
PHONE (850) 478-6388
FAX (850) 478-0891

February 10, 2005

Division Of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs,
Please see the attached, where I forgot to put my Federal Employer Identification (FEI) number on my 2005 Profit Corporation Report. I have corrected it an hopefully this will take care of it. If any further questions, please contact me. Again I apologize.

Sincerely,

Richard Keith Hardiman