


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90089 027 ***150.00

DOCUMENT # P03000004646	
1. Entity Name JUPETER LANDSCAPING & GROUNDS, INC.	

Principal Place of Business STORAGE 320 MADISON AVENUE, ORMOND BEACH FL 32175 320 MADISON AVE. DAYTONA BEACH FL 32114	Mailing Address 320 MADISON AVENUE ORMOND BEACH FL 32175 P.O. BOX 2622 ORMOND BEACH FL 32175
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2. Principal Place of Business 320 MADISON AVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 2622 Suite, Apt. #, etc.
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City & State DAYTONA BEACH FL	City & State ORMOND BEACH FL
Zip 32114	Zip 32175
Country	Country

4. FEI Number 22-3890194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, PETER 320 MADISON AVENUE ORMOND BEACH FL 32175
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7. Name and Address of New Registered Agent Name JULIA OR PETER ROBINSON Street Address (P.O. Box Number is Not Acceptable) 2 PIRATES COVE City ORMOND BEACH FL Zip Code 32176
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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 <u><i>Julia Robinson</i></u> JULIA A ROBINSON VICE PRESIDENT/TREASURER: 1-29-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT <input type="checkbox"/> Delete	
NAME ROBINSON, PETER	
STREET ADDRESS 320 MADISON AVENUE	
CITY-ST-ZIP ORMOND BEACH FL 32175	
TITLE SV.S. <input type="checkbox"/> Delete	
NAME ROBINSON, JULIA	
STREET ADDRESS 320 MADISON AVENUE	
CITY-ST-ZIP ORMOND BEACH FL 32175	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Julia Robinson</i></u> JULIA A. ROBINSON VICE PRESIDENT. 1-29-04 386-441-510 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
