


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000005931 1. Entity Name CCE LANDSCAPE SERVICES, INC.	
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Principal Place of Business 103 NW 2 AVE. FORT LAUDERDALE, FL 33311	Mailing Address 1457 NW 53RD ST. FORT LAUDERDALE, FL 33334
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-P CR2E034 (10/03)

4. FEI Number 71-0926440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDEWAARD, CLARENCE 103 NW 2 AVE FORT LAUDERDALE, FL 33311	DO NOT WRITE IN THIS SPACE
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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, 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	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	PD EDWARD, CLARENCE 103 NW 2 AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COSMANO, RICHARD 103 NW 2 AVE FORT LAUDERDALE, FL 33311
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03/31/05-80045-013 150.00

**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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone # _____</small>
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