2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
05-04-2004 90197 016 ***158.75

DOCUMENT # P03000019535

1. Entity Name
CARLISI DRAINAGE & LANDSCAPE, INC.

Principal Place of Business	Mailing Address
1707 OSBORNE CIRCLE LAKE WORTH, FL 33461	1707 OSBORNE CIRCLE LAKE WORTH, FL 33461

04282004 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 84-1618409 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARLISI, THOMAS A
1707 OSBORNE CIRCLE
LAKE WORTH, FL 33461

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
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, 2004 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	PSTD Thomas A. Carlisi 1707 Osborne Circle Lake Worth, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Thomas A. Carlisi, President April 28, 2004 (561) 305-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Id#25658

#P03000019535

CARLISI DRAINAGE & LANDSCAPE, INC.
1707 Osborne Circle
Lake Worth, FL 33461
Tel: (561) 547-3707
Fax: (561) 547-3707

May 28, 2004

Florida Department of State
409 East Gaines Street
PO Box 1500
Tallahassee, FL 32399

Re: Carlisi Drainage & Landscape, Inc.

Dear Sir/Madam:

Pursuant to your letter, (copy attached), enclosed please find the 2004 Annual Report which includes the Employer ID number, which I neglected to include with my original filing. I apologize for the inconvenience.

If you have any questions or if you require additional information, please contact me on my cell phone at 561-305-0608.

Sincerely,

Thomas A. Carlisi
President

Encls.