

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020926

FILED
May 03, 2004
Secretary of State

Entity Name: CERTIFIED LANDSCAPE CONTRACTORS, INC.

Current Principal Place of Business:

236 STATE ROAD 434
P O BOX 620493
OVIEDO, FL 32762

New Principal Place of Business:

Current Mailing Address:

236 STATE ROAD 434
P O BOX 620493
OVIEDO, FL 32762

New Mailing Address:

PO BOX 620493
OVIEDO, FL 32762

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALTERS, JAMES H
236 STATE ROAD 434
P O BOX 620493
OVIEDO, FL 32762

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALTERS, BETTY S
Address: P O BOX 62093
City-St-Zip: OVIEDO, FL 32762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY S WALTERS

P

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date