

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020926

FILED  
Jan 20, 2005  
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:

2426 WHITE MAGNOLIA WAY  
SANFORD, FL 32771

## Current Mailing Address:

PO BOX 620493  
OVIEDO, FL 32762

## New Mailing Address:

FEI Number: 71-0935424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WALTERS, JAMES H  
P O BOX 620493  
OVIEDO, FL 32762 US

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:

01/20/2005

Electronic Signature of Registered Agent

Date

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALTERS, BETTY S  
Address: P O BOX 620493  
City-St-Zip: OVIEDO, FL 32762

Title: VP ( ) Change (X) Addition  
Name: SKIPPER, EUGENE M  
Address: P O BOX 620493  
City-St-Zip: OVIEDO, FL 32762

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: EUGENE M SKIPPER

VP

01/20/2005

Electronic Signature of Signing Officer or Director

Date