

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022904

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: LANDSCAPE WEST INC.

**Current Principal Place of Business:**

145 AVON DR.  
SAFTEY HARBOR, FL 34695

**New Principal Place of Business:**

145 AVON DR.  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

145 AVON DR.  
SAFTEY HARBOR, FL 34695

**New Mailing Address:**

145 AVON DR.  
SAFETY HARBOR, FL 34695

FEI Number: 13-4240446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FELIX, HEIDI I  
2903 W. REYNOLDS ST.  
PLANT CITY, FL 33563

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GOMEZ, FABIO  
Address: 145 AVON DR.  
City-St-Zip: SAFTEY HARBOR, FL 34695

Title: DV ( ) Delete  
Name: ISHIDA-ORTEGA, GUILLERMO  
Address: 9831 PANGOLA LOOP  
City-St-Zip: LAND O LAKES, FL 34639

Title: DS ( ) Delete  
Name: GONZALEZ, GUADALUPE  
Address: 5455 SALTMONTE DR.  
City-St-Zip: DEW POET RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: FABIO GOMEZ

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04/30/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date