

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90044 004 \*\*\*150.00

**DOCUMENT # P03000033117**

1. Entity Name

**PRESTIGE LANDSCAPING OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business

**3401 23RD ST. SW  
LEHIGH ACRES FL 33971**

Mailing Address

**3401 23RD ST. SW  
LEHIGH ACRES FL 33971**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1684818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**ALL AROUND OFFICE SERVICES  
3401 23RD ST. SW  
LEHIGH ACRES FL 33971**

7. Name and Address of New Registered Agent

Name

**Zena Manzelli**

Street Address (P.O. Box Number is Not Acceptable)

**3401 23rd St SW**

City

**Lehigh**

FL

Zip Code

**33971**

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

*Zena Manzelli*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/23/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HICKS, DWAYNE E**  
STREET ADDRESS **3401 23RD ST. SW**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **VPT** ☐ Delete  
NAME **MANZELLI, ZENA M**  
STREET ADDRESS **3401 23RD ST. SW**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
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TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Change ☐ Addition  
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TITLE **---** ☐ Change ☐ Addition  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

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: *Zena Manzelli*, Vice-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/23/04**

Daytime Phone #

**239-289-6917**