2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90023 050 ***150.00

DOCUMENT # P03000036473

1. Entity Name
ATLANTIC LANDSCAPING SERVICES, INC.

Principal Place of Business	Mailing Address
998 SW GLOBE AVENUE PORT SAINT LUCIE, FL 34953	998 SW GLOBE AVENUE PORT SAINT LUCIE, FL 34953

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
773 Sw Duxbury Av		PO Box 7193	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pt St Lucie FL		City & State: Pt St Lucie, FL	
Zip: 34983	Country: St Lucie	Zip: 34985	Country: St Lucie

4. FEI Number: 76-0729296 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STOREY, JON CHRISTIAN
998 SW GLOBE AVENUE
PORT SAINT LUCIE, FL 34953

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOREY, JON C 998 SW GLOBE AVENUE PORT SAINT LUCIE, FL 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 773 SW Duxbury Av Pt St Lucie FL 34983
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STOREY, LUCINDA R 998 SW GLOBE AVENUE PORT SAINT LUCIE, FL 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 773 SW Duxbury Av Pt St Lucie FL 34983
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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: Lucinda Storey, Secretary Lucinda Storey, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #