

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90341 018 \*\*\*150.00

**DOCUMENT # P03000036473**

1. Entity Name  
**ATLANTIC LANDSCAPING SERVICES, INC.**



Principal Place of Business      Mailing Address  
~~773 SW DUXBURY AVE~~ **820 SE Sweetbay Av** **PO BOX 7193**  
**PORT SAINT LUCIE, FL 34983**      **PORT SAINT LUCIE, FL 34985**

**30040283**



04142005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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~~ **820 SE SWEET BAY AVE**  
**PORT SAINT LUCIE, FL 34953-85**

**DO NOT WRITE  
IN THIS SPACE**

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

**4/14/05 Jon Storey, president**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.      ☐      **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      PD  
NAME      **STOREY, JON C**  
STREET ADDRESS      ~~773 SW DUXBURY AVE~~ **820 SE SWEETBAY AV**  
CITY-ST-ZIP      **PORT SAINT LUCIE, FL 34983**

TITLE      SD  
NAME      **STOREY, LUCINDA R**  
STREET ADDRESS      ~~773 SW DUXBURY AVE~~ **820 SE SWEETBAY AV**  
CITY-ST-ZIP      **PORT SAINT LUCIE, FL 34983**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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**      **Lucinda Storey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **Secretary**

**4/14/05**  
Date

**(172) 530-1003**  
Daytime Phone #