

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90378 048 ***150.00

DOCUMENT # P03000064075

1. Entity Name

SURFSIDE LANDSCAPE AND DESIGN, INC.



Principal Place of Business

345 JUPITER DRIVE
 SATELLITE BEACH FL 32937

Mailing Address

345 JUPITER DRIVE
 SATELLITE BEACH FL 32937

14004953



MOORE CR2E034 (11/03)

2. Principal Place of Business

927 E. NEW HAVEN

Suite, Apt. #, etc.
 305

3. Mailing Address

927 E. NEW HAVEN

Suite, Apt. #, etc.
 305

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

26-0068547

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEPPARD, JEFFERY LEE JR
 345 JUPITER DRIVE
 SATELLITE BEACH FL 32937

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

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	D	<input type="checkbox"/> Delete
NAME	LEPPARD, JEFFERY LEE JR	
STREET ADDRESS	345 JUPITER DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE	D	<input type="checkbox"/> Delete
NAME	HAFER, DAVID	
STREET ADDRESS	5980 SOUTH HIGHWAY A-1-A	
CITY-ST-ZIP	MELBOURNE FL 32951	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF LEPPARD

Date

Daytime Phone #

4/12/04

321-728-2299