


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 040 ***158.75

DOCUMENT # P03000084863	
1. Entity Name EB ENTERPRISE LANDSCAPE CO.	

Principal Place of Business 4011 SE DIXIE ROSS ST STUART, FL 34997	Mailing Address 4011 SE DIXIE ROSS ST STUART, FL 34997
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

07062004 Chg-P CR2E034 (10/03)

4. FEI Number 80-0075998	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAILEY, ETHAN 4011 SE DIXIE ROSS ST STUART, FL 34997	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 7-6-04	Daytime Phone # (772) 631 8458
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

Attachment

54060611

ATLANTIC ACCOUNTING SERVICE OF STUART, P.A.
420 COLORADO AVENUE
STUART, FLORIDA 34994

TEL (772) 221-7295
FAX (772) 221-7296

July 6, 2004

Division of Corporations
P. O. Box 1500
Tallahassee, Fl 32302-1500

Re: EB Enterprises Landscape Co.
P03000084863

Dear Sirs,

We are submitting our check and the completed Annual Report

Certificate of Status	8.75
Annual Report	150.00

	158.75

We did not receive notice of the 2004 annual report.

Thank You

Jeanne Caron
Jeanne Caron, Accountant

Ethan Bailey
Ethan Bailey, President