2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-07-2005 90045 042 ***150.00

DOCUMENT # P03000084863

1. Entity Name

EB ENTERPRISE LANDSCAPE CO.

Principal Place of Business	Mailing Address
~~4011 SE DIXIE ROSS ST~~ ~~STUART FL 34997~~ 14 SE Ontario Way Stuart, FL. 34997	~~4011 SE DIXIE ROSS ST~~ ~~STUART FL 34997~~ 14 SE Ontario Way Stuart, FL. 34997
2. Principal Place of Business: 14 SE ONTARIO WAY	3. Mailing Address: 14 SE ONTARIO WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: STUART, FL
Zip: 34997 Country	Zip: 34997 Country

1st MOORE CR2E034 (10/04)

4. FEI Number 80-0075998 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BAILEY, ETHAN~~
~~4011 SE DIXIE ROSS ST~~ 14 SE Ontario Way
~~STUART FL 34997~~ Stuart, FL. 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 14 SE ONTARIO WAY

City STUART FL Zip Code 34997

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] 3-18-05

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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BAILEY, ETHAN ~~4011 SE DIXIE ROSS ST~~ 14 SE Ontario Way ~~STUART FL 34997~~ Stuart, FL. 34997 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 3-15-05 (772) 631-8458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #