

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-02-2004 90017 029 ***150.00

DOCUMENT # P03000088552 1. Entity Name SUNSET BAY LANDSCAPING, INC.																											
Principal Place of Business 9317 HUNTERS PARKWAY TAMPA, FL 33647 US		Mailing Address 9317 HUNTERS PARKWAY TAMPA, FL 33647 US																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number 57-1186354		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J ESQUIRE 791 W. LUMSDEN RD. BRANDON, FL 33511		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)																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-30-04 Daytime Phone 813-994-0594																									