

# 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT REINSTATEMENT

FILED

DOCUMENT # P03000097562

1. Entity Name

PLANTED EARTH LANDSCAPING, INC.



04 DEC 13 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 04

Principal Place of Business

1414 HIGHWAY 283 SOUTH #131  
SANTA ROSA BEACH, FL 32459 US

Mailing Address

1414 HIGHWAY 283 SOUTH #131  
SANTA ROSA BEACH, FL 32459 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09232004

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0114352

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PORATH, SHANNON L ESQ

2441 U.S. HWY 90 E 56 Spires Ln. #16A  
SUITE 108  
SANTA ROSA BEACH, FL 32459

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE COB ☐ Delete  
NAME CRAWFORD, ASHLEY  
STREET ADDRESS 1414 HWY 283 S #131  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE COB ☐ Delete  
NAME TURNER, DEAN  
STREET ADDRESS 1414 HWY 283 S #131  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 700043373027  
STREET ADDRESS 12/13/04--01064--026 \*\*758.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

10/30/04

Date

850.259.0859

Daytime Phone #