

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90347 015 ***150.00

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1. Entity Name

TREASURES CAPES LANDSCAPING, INC.



Principal Place of Business

7900-20 103RD ST., #21
JACKSONVILLE FL 32244

Mailing Address

7900-20 103RD ST., #21
JACKSONVILLE FL 32244

2. Principal Place of Business

4501 Normandy Blvd

3. Mailing Address

4501 Normandy Blvd

Suite, Apt. #, etc. #5

Suite, Apt. #, etc. #5

City & State

Jax. Fl.

City & State

Jax. Fl.

Zip 32221

Country USA

Zip 32221

Country USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

47-0932084

Applied For

Not Applicable

5. Certificate of Status Desired

~~None~~ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, JOEY C
7900-20 103RD ST., #21
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name JOEY C. HUTCHINSON

Street Address (P.O. Box Number is Not Acceptable)

4501 Normandy Blvd #5

City Jax.

FL

Zip 32221

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, 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

TITLE D ☐ Delete
NAME HUTCHINSON, JOEY C
STREET ADDRESS 7900-20 103RD ST., #21
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HUTCHINSON, JOEY C. ☒ Change ☐ Addition
NAME
STREET ADDRESS 4501 Normandy Blvd
CITY-ST-ZIP Jax. Fl. 32221

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/10/5 7815740