204 FOR PROFIT CORPORATION
\_ANNUAL REPORT (AR)

## FILED Feb 23, 2004 8:00 am Secretary of State

DOCUMENT # P03000116442								]	Secretary of State 02-12-2004 90001 001 ***150.00						
GREENCO SOD & LANDSCAPING, INC.															
Principal Place of Business Mailing Address								1							
629 FT. MEADE RD. 629 FT. MEA FROSTPROOF FL 33843 FROSTPROOF					ADE RD. DF FL 33843									_	
2. Principal Place of Business				3. Mailing Address				-							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE CR2E034 (11/03)							
City & State				City & State				1 -	FEI Number		٦			oplied For of Applicable	
Zip	Country			Zip		Country			Certificate o			□ \$8	.75 Add	litional	
	6. Name	and Address			7.	Name and /	Address of	New Regi		•					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				<u></u>	<del></del>		Street Address (P.O. Box Number is Not Acceptable)								
4TH FLOOR							S	7	<u> </u>	S NOT ACC		تيدن			
MIA	MI FL 33	145				1									
8. The above	P named antib	u explorito this a			<del>,</del>	C	' +~(Λ)	st	proof	7		FL	Zip Cod	843	
the obliga	tions of regist	ered agent.	ratement for tr	e purpose of ch	anging its r	egistered of	fice or registe	red ad	ent, or both	, in the Stat	e of Florida	a. Iam tam	iliar with,	and accept	
SIGNATURE Deborah Crumbly 219/04															
Signature, typed or profiled name of registered agent and latest required Agent signature required when reinstating)  [NOTE: Registered Agent signature required when reinstating)  [DATE]												<u> </u>			
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State									9. Eleci Trus	tion Campa t Fund Con	ign Financ tribution.	ing . □	\$5.0 Added	O May Be to Fees	
10.	THE COLUMN TO SERVE OF THE	OFFIC	ERS AND DIF	RECTORS		11.	<u> </u>	ΔΩ	DITIONS/C	HANGEC T	O OFFICE	OC AND DIG	COTOO		
TITLE	PTD				lefele	TITLE	<del></del>		OTTIONS/C	HANGES I	O OFFICE		Change		
NAME STREET ADDRESS	CRUMBLY,					NAME						<b>(</b> 2)	CHENÇE	☐ Addition	
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NAME				Un	elete	TITLE NAME							Change	Addition	
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TITLE Name				□ 0e	clete	TITLE							Change	Addition	
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CITY-ST-ZIP						CITY-ST-ZIF								[	
TITLE				□ 0x	efete	TITLE	-	-				П	Change	Addition	
NAME Street Address					•	NAME						J			
City-ST-ZIP						STREET ADDR									
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 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															

SIGNATURE

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORDERTO

219/04

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