

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125493

FILED
Apr 30, 2004
Secretary of State

Entity Name: NATIVE 30-A LANDSCAPES INCORPORATED

Current Principal Place of Business:

217 CASSINE GARDEN CIRCLE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

50 REDFISH CIRCLE
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

P.O. BOX 1856
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 90-0118330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, ROGER L
217 CASSINE GARDEN CIRCLE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

BATES, ROGER L
50 REDFISH CIRCLE
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: ROGER L BATES

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BATES, ROGER L
Address: 217 CASSINE GARDEN CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP () Delete
Name: BRADY, TOM
Address: 6614 FIRST AVE. SOUTH
City-St-Zip: BIRMINGHAM, AL 35212 US

Title: TREA () Delete
Name: BATES, ROGER L
Address: 217 CASSINE GARDEN CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BATES, ROGER L
Address: 50 REDFISH CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER L BATES

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date