

# 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