


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90019 049 \*\*\*150.00

<b>DOCUMENT # P03000129258</b>		
1. Entity Name <b>ROYCE CHESSER LANDSCAPE, INC.</b>		

Principal Place of Business <b>911 NE 140TH ST TRENTON FL 32693</b>	Mailing Address <b>P.O. BOX 2031 TRENTON FL 32693</b>
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**66415843**



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address <b>911 NE 140th ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Trenton FL</b>	
Zip	Country	Zip <b>32693</b>	Country

4. FEI Number <b>200424009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CHESSER, ROYCE E 911 NE 140TH ST TRENTON FL 32693</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code <b>FL</b>

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, 2004 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	<input type="checkbox"/> Delete
NAME	<b>CHESSER, ROYCE E</b>
STREET ADDRESS	<b>911 NE 140TH ST</b>
CITY- ST- ZIP	<b>TRENTON FL 32693</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>CHESSER, AMY R</b>
STREET ADDRESS	<b>911 NE 140TH ST</b>
CITY- ST- ZIP	<b>TRENTON FL 32693</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ST-EDDRINGTON, RICK</b>
STREET ADDRESS	<b>7760 LAKE AVE</b>
CITY- ST- ZIP	<b>FANNING SPRINGS FL 32693</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**4-11-04**

Date

Daytime Phone #