

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90047 024 ***150.00

DOCUMENT # P03000130215

1. Entity Name

TOM HANN'S LANDSCAPE DESIGN STUDIO, INC.



Principal Place of Business

104 F EAST VILLA CAPRI CIR
DELAND FL 32724

Mailing Address

104 F EAST VILLA CAPRI CIR
DELAND FL 32724

24039076



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1012 Sage Hollow CT.

Suite, Apt. #, etc.

City & State

City & State

Deland FL.

Zip

Country

Zip

Country

32720

USA

4. FEI Number

33-1077803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANN, THOMAS E
104 F EAST VILLA CAPRI CIR
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

HANN, THOMAS E.

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

1012 Sage Hollow CT.

City

deland

FL

Zip Code

32720

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 PS ☐ Delete
NAME HANN, THOMAS E
STREET ADDRESS 104 F. EAST VILLA CAPRI CIRCLE
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VPT ☐ Change ☒ Addition
NAME ~~GLORIA~~ HANN, GLORIA J.
STREET ADDRESS 1012 Sage Hollow CT.
CITY-ST-ZIP Deland FL, 32720

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

TITLE ☐ Change ☐ Addition
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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 THOMAS E HANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04
Date

386 734 3167
Daytime Phone #