

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90009 035 ***150.00

DOCUMENT # P03000136741

1. Entity Name
BABER GROUP LANDSCAPERS, INC.



Principal Place of Business
**100 TRISTA TERRACE COURT
DESTIN, FL 32541**

Mailing Address
**100 TRISTA TERRACE COURT
DESTIN, FL 32541**

44004016



2. Principal Place of Business

POLMETTO PLAZA

3. Mailing Address

P.O. BOX 5531

(Suite) Apt. #, etc.

9-A

Suite, Apt. #, etc.

01142004

Chg-P

CR2E034 (10/03)

City & State

DESTIN, FL.

City & State

DESTIN, FL.

4. FEI Number

20 0460705

Applied For

☒ Not Applicable

Zip

32541

Country

OKMOOSA

Zip

32540

Country

OKMOOSA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BABER, JIMMY G
100 TRISTA TERRACE COURT
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name

JIM BABER

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

#100 TRISTA TERR. CT.

City

DESTIN, FL.

FL

Zip Code

32540

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

Jim Baber

N/A

01-19-04

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BABER, JIMMY G**
STREET ADDRESS **100 TRISTA TERRACE COURT**
CITY-ST-ZIP **DESTIN, FL 32541**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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:

Jim Baber **JIM BABER**

01-22-04

Daytime Phone #

**(850)
651-6817**