2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State
05-04-2004 90176 009 ***150.00

DOCUMENT # P04000001252

1. Entity Name
SMITH & WATSON LANDSCAPING, INC.

Principal Place of Business	Mailing Address
200 KNOX JONES ST ESPINOLA, FL 32110	PO BOX 1291 BUNNELL, FL 32110

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
200-B-KnoxJones Rd	P.O. Box 1291
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bunnell fl	City & State: Bunnell fl
Zip: 32110 Country: Flagler	Zip: 32110 Country: Flagler

4. FEI Number: 05-0595080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, EARNEST L
200 KNOX JONES ST
ESPINOLA, FL 32110

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Earnest L Watson 6/14/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, EARNEST L PO BOX 1291 BUNNELL, FL 32110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LINDEL A PO BOX 1291 BUNNELL, FL 32110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Earnest L Watson 6/14/04 386-405-8319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #