



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90079 013 ***150.00

DOCUMENT # P04000016198 1. Entity Name CREATIVE LANDSCAPING OF PALM COAST, INC.					
Principal Place of Business 13 RYBAR LANE PALM COAST, FL 32164			Mailing Address 13 RYBAR LANE PALM COAST, FL 32164		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1493376	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A TAX & BOOKKEEPING, INC. 55 LONGWOOD DRIVE ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name Susan Heidelberg Street Address (P.O. Box Number is Not Acceptable) 13 Rybar Lane City Palm Coast FL Zip Code 32164	
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 <u><i>[Signature]</i></u> Vice President DATE 4/11/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HEIDELBERGER, TYSON J 13 RYBAR LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HEIDELBERGER, SUSAN Z 13 RYBAR LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 and an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/11/05 386-586-3464 <small>Daytime Phone #</small>		

ATTACHMENT 40057837

Form **SS-4**
(REV. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others)

EIN 20-1493376

See separate instructions for each line. Keep a copy for your records.

01405 08/16/2004

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested.

Cross Creative Landscaping, Inc

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
13 Rybar lane

5a Street address (if different) (Do not enter a P.O. box)

4b City, state, and ZIP code
Palm Coast, FL 32164

5b City, state, and ZIP code

6 County and state where principal business is located.

Flagler FL

7a Name of principal officer, general partner, grantor, owner, or trustee
Tyson Heidelberger7b SSN, ITIN, or EIN
408-846-8745

80-0108980

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership _____
- ☒ Corporation (enter form number to be filed) **C**
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) _____
- ☐ Other (specify) _____

- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprise
- Group Exemption Number (GEN) _____

8b If a corporation, name of state or foreign country (if applicable) where incorporated

State FL

Foreign country

9 Reason for applying (check only one box)

☐ Started new business (specify type) _____☐ Banking purpose (specify purpose) _____☐ Changed type of organization (specify new type) _____☐ Hired employees (Check the box and see line 12.)☒ Purchased going business.☐ Compliance with IRS withholding regulations☐ Created a trust (specify type) _____☐ Other (specify) _____☐ Created a pension plan (specify type) _____

10 Date business started or acquired (month, day, year) 08/02/2004

11 Closing month of accounting year 12

12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) 09/01/2004

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0".

Agricultural 0 Household 0 Other 4

14 Check one box that best describes the principal activity of your business.

- ☒ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☐ Other (specify) _____

15 Indicate principal line of merchandise sold; specify construction work done; products produced; or services provided.

Landscaping

16a Has the applicant ever applied for an employee identification number for this or any other business

☐ Yes ☒ No

Note: If "Yes" please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name

Trade name

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City & state where filed

Previous EIN

Third

Party

Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name

Designee's telephone number (incl. area code)

Address and Zip Code

Designee's fax number (include area code)

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.)

Applicant's telephone number (incl. area code)

Applicant's fax number (include area code)

Signature

Date 08/16/2004

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Oat No. 15055N

Form SS-4 (Rev. 12-2001)

8/26/04 11:14am - answering machine

9/09/04 10:30am 013335988