2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90030 038 ***150.00

DOCUMENT # P04000043475 1. Entity Name JOE GANDOLFI LANDSCAPE INC						04-08-2003 3	0030 036	5 130	
Principal Place of Business Mailing Address .									
184 LIVE OAK CT 184 LIVE OAK CT									
NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 3216				58				•	
					11 100 000014	DAMI CIDN BENLEDIK TEK	1 11 70 11111 1011		BELLINIEU
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.			03232005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		<u> </u>	4. FEI Numbe				plied For
					20-08	41191			t Applicable
Zip	Country	Žip 	ip Count		5. Certificate	of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
				Name ·					
GANDOLFI, JOSEPH			Street Address (P.O. Box Number is Not Acceptable)						
184 LIVE OAK CT NEW SMYRNA BEACH, FL 32168				Silver Address (1.2). Box Hallings 15 Hot 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 Sgrafture, typed or printed name of reg stered sprint and little if applicable. (NOTE: Registered Agent approxime required when renastating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	SIN 11
TITLE	P,T	☐ Delete	TITLE					Change	☐ Addition
HAME	GANDLOFI, JOSEPH		NAM	ſ					}
STREET ADDRESS	184 LIVE OAK CT			ET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 3210			-ST-ZtP					
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CITY-ST-ZIP			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: _

ASSIAL SANSON.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2005 1386-428-0893
Dayline Phone #