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FILED
May 11, 2005 8:00 am
Secretary of State
05-11-2005 90124 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000069000

1. Entity Name
LANDSCAPES USA OF S.W. FLA., INC.

Principal Place of Business
12595 LAKESHORE
ROMEO, MI 48065

Mailing Address
COSTELLO & ROYSTON
P.O. BOX 60205
FT. MYERS, FL 33906

50051536

2. Principal Place of Business: 2014 Taimiami Trail
Suite, Apt. #, etc.: PMB 510
City & State: Naples Fl 34103
Zip: 34103 Country: Collier

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03112005 Chg-P CR2E034 (10/03)

4. FEI Number: 43-2049786 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD., STE. 101
FT. MYERS, FL 33907

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 [signature] 5/3/05
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, 2005 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	WARD, DAVID A	
STREET ADDRESS	12595 LAKESHORE	
CITY ST ZIP	ROMEO, MI 48065	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
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CITY ST ZIP		
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CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P,S,T	☐ Change	☑ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
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: [signature] 5/3/05 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE