

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90041 018 \*\*\*150.00

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02022005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000085434</b>					
1. Entity Name A SCENIC VIEW LANDSCAPING, INC.					
Principal Place of Business 5052 DOCKSIDE DRIVE ORLANDO, FL 32822 US			Mailing Address 717 EAST OAK STREET KISSIMEE, FL 34744 US		
2. Principal Place of Business 5334 Central Fl. Pkwy			3. Mailing Address		
Suite, Apt. #, etc. PO Box 271			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State		
Zip 32821		Country US	Zip		Country
4. FEI Number 20-1184325			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  BENDER, GERALD 5052 DOCKSIDE DRIVE ORLANDO, FL 32822			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 5334 Central Fl. Parkway PO Box 271 City Orlando, FL Zip Code 32821		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	DPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENDER, GERALD		NAME	5334 Central Fl. Parkway, PO Box 271	
STREET ADDRESS	5052 DOCKSIDE DRIVE		STREET ADDRESS	Orlando, FL 32821	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMSTRONG, JAMES		NAME		
STREET ADDRESS	4936 WHALER'S WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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: <u>Gerald Bender</u>			Date: <u>4-11-05</u> Daytime Phone #: <u>407-488-6503</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					