2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000091711** 04-29-2005 90209 003 ***150.00 FLORIDA FANCY LANDSCAPE SERVICES INC. Principal Place of Business Mailing Address 40010030 168 E. HARTFORD ST. 168 E. HARTFORD ST. HERNANDO, FL 34442 HERNANDO, FL 34442 cipal Place of Business 3. Mailing Address 6297 W.Glori 0297 W Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State Beven Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STIPES, DWIGHT JR. O. Box Number is Not Acceptable) 115+ 168 E. HARTFORD ST. HERNANDO, FL 34442 8. The above named entity submits this statement for the purpose of changing its registered office or registered pent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE STIPES, DWIGHT JR. NAME NAME 6297 W. Glory STREET ADDRESS 168 E. HARTFORD ST. STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-7IP Delete TITLE Addition TITLE Change NAME NAME aviene STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attact previous with an address, with all purpose like empowered. **SIGNATURE**: