

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90156 009 ***150.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000137445 1. Entity Name R.B. LANDSCAPING & TREE SERVICE INC.			
Principal Place of Business 1460 SW 9TH AVE DEERFIELD BEACH, FL 33441		Mailing Address 1460 SW 9TH AVE DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 1470 SW 9th AVE.		3. Mailing Address 1470 S. W 9th AVE	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. 	
City & State Deerfield Beach, FL.		City & State Deerfield Beach, FL	
Zip 		Zip 	
Country 		Country 	
4. FEI Number 84-1657121		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILKINS, ROBERT 1460 SW 9TH AVE DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name R.B. Wilkins Jr. Street Address (P.O. Box Number is Not Acceptable) 1470 S. W. 9th AVE. City Deerfield Beach FL 33441	
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 _____ (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. <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	D WILKINS, ROBERT 1460 SW 9TH AVE DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:		4-22-05 954579-8920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	