FILED
Jun 09, 2005 8:00 am
Secretary of State
04-28-2005 90220 043 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66022375

DOCUMENT # P04000149991

1. Entity Name
EARTHSCAPES LANDSCAPING CONTRACTORS, INC

Principal Place of Business	Mailing Address
418 MEADOW TERRACE LAKE CITY, FL 32024	P O BOX 3245 LAKE CITY, FL 32056

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
310 SW Belmont Drive Suite, Apt. #, etc.	P.O. Box 3248 Suite, Apt. #, etc.
City & State: Lake City, FL	City & State: Lake City, FL
Zip: 32024 Country: US	Zip: 32024 Country: US

4. FEI Number: 030496148 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICKELSON, JOSEPH D 418 MEADOW TERRACE LAKE CITY, FL 32024	Name: Same Street Address (P.O. Box Number is Not Acceptable): 310 SW Belmont Drive City: Lake City FL Zip Code: 32024

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NICKELSON, JOSEPH D 418 MEADOW TERRACE LAKE CITY, FL 32024	☐ Delete	P Nickelson, Joseph D 310 SW Belmont Drive Lake City, FL 32024	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CURRY, CURRY 418 MEADOW TERRACE LAKE CITY, FL 32024	☑ Delete	VP Scott Curry 310 SW Belmont Drive Lake City, FL 32024	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Joseph D Nickelson 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #