2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other

SIGNATURE:

FILED Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # P92000005915 1. Entity Name FLORIDA LANDSCAPE BROKERS INCORPORATED Principal Place of Business Mailing Address 6037 LAKE ERIC RD 6037 LAKE ERIC RD **GROVELAND FL 34736 GROVELAND FL 34736** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3105965 Not Applicable Zιρ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWNE, JAMES S Street Address (P.O. Box Number is Not Acceptable) 6037 LAKE ERIC RD GROVELAND FL 34736 City 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 re SIGNATURE ure, 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition BROWNE, JAMES \$ U00000035650 NAME NAME STREET ADDRESS 6037 LAKE ERIE RD 02/06/04-80027-015 150.00 STREET ADDRESS CITY - ST- ZIP GROVELAND FL 34736 CITY-ST-ZIP TITLE Delete THTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST- 7/P ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SY- 7IP 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

like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

3524295580