

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/9/2004-90015-014-\$150.00-\$150.00

FILED

04 OCT 25 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010594

1. Entity Name
**GREENSCAPE SERVICES-DESIGN & INSTALLATION
CORPORATION**



Principal Place of Business
**8000 FRUITVILLE ROAD
SARASOTA, FL 34240 US**

Mailing Address
**8000 FRUITVILLE ROAD
SARASOTA, FL 34240 US**



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0387893

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILSON, WILLIAM T.
6167 G. MCINTOSH RD.
SARASOTA, FL 34238**

*8000 Fruitville Rd
SARASOTA, FL 34240*

**DO NOT WRITE
IN THIS SPACE**

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

William T. Wilson

8/3/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
WILSON, WILLIAM T
STREET ADDRESS
1501 RIDGEWOOD LANE
CITY-ST-ZIP
SARASOTA, FL

TITLE
VST
NAME
WILSON, PAMELA B
STREET ADDRESS
1501 RIDGEWOOD LANE
CITY-ST-ZIP
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

*Wm
10/26/04*

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:

William T. Wilson

William T. Wilson

10/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #