2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 25, 2004 8:00 am Secretary of State **DOCUMENT # P93000027319** 02-25-2004 90021 039 ***158.75 WEAVER LANDSCAPE, INC. Principal Place of Business Mailing Address 2408 HYDE PARK RD 2408 HYDE PARK RD JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 CR2E034 (10/03) No Chg-P 01052004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3177625 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WEAVER, ROBERT J 2408 HYDE PARK RD JACKSONVILLE, FL 32210 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, typed or printed name ent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVSD** TITLE WEAVER, ROBERT J NAME 2408 HYDE PARK RD STREET ADDRESS JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE IN THIS SPACE TITLE NAME STREET ADDRESS CETY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 its 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 appropried. s, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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