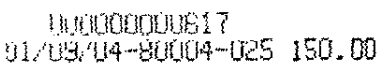


FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000032466 1. Entity Name ANDERSON LANDSCAPE MAINTENANCE OF HOBE SOUND, INC.		 Secretary of State		
Principal Place of Business 5703 SE ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455 US		Mailing Address P.O. BOX 1308 HOBE SOUND, FL 33475 US		
DO NOT WRITE IN THIS SPACE		 01062004 No Chg-P CR2E034 (10/03)		
		4. FEI Number 65-0412028		
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANDERSON, DAVID P 5703 SE ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455		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 _____ (Signature, 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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE		
TITLE	P			
NAME	ANDERSON, DAVID P			
STREET ADDRESS	5703 SE ORANGE BLOSSOM TRAIL			
CITY-ST-ZIP	HOBE SOUND, FL 33455			
TITLE	ST			
NAME	ANDERSON, HEATHER			
STREET ADDRESS	5703 SE ORANGE BLOSSOM TR			
CITY-ST-ZIP	HOBE SOUND, FL 33455			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-ST-ZIP				
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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: <u>Heather Anderson</u> <u>Heather Anderson</u> <u>1/6/04</u> <u>(772)546-8608</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				