2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2004 08:00 AM DOCUMENT # P94000004934 **Secretary of State** t. Entity Name EXCÉL LANDSCAPE AND MAINTENANCE, INC. Principal Place of Business Mailing Address 6000 150 AVENUE NORTH **6000 150 AVENUE NORTH** CLEARWATER, FL 33760 CLEARWATER, FL 33760 04272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3219315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, GREGORY D DO NOT WRITE 18167 US 19 NORTH SUITE 560 IN THIS SPACE CLEARWATER, FL 34624 3. 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 of registered agent and title if applicable. (NOTE: Registered Agent argneture required when remetating) 9. Election Campaign Financing U00000141954 \$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 04/30/04-80032-015 158.75 10. OFFICERS AND DIRECTORS TITLE NAME ARMSTRONG, THOMAS G. 1163 RIDGECREST COURT STREET ADDRESS CITY-ST-ZP PALM HARBOR, FL TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE DTY-51-ZP TITLE IN THIS SPACE 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 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:

CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZP

VAME OF SIGNING OFFICER OR DIRECTOR