## **2004 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Feb 20, 2004 08:00 AM DOCUMENT # P94000010512 **Secretary of State** 1. Entity Name HANLEY LANDSCAPE SERVICES, INC. Principal Place of Business Mailing Address 3274 D ROAD 3274 D ROAD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 02132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0462482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANLEY, MICHAEL DO NOT WRITE 3274 D ROAD LOXAHATCHEE, FL 33470 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 ... Signatur profest name of registe od agent and High applicable (NOTE: Bog stored Agen) signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS D TITLE NAME HANLEY, MICHAEL STREET ADDRESS 3274 D ROAD CITY - ST - ZIP LOXAHATCHEE, FL 33470 U000000060312 TITLE 02/23/04-80033-023 150.nn NAME STREET ADDRESS CITY-ST ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #