

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90047 013 \*\*\*150.00

**DOCUMENT # P94000031581**

1. Entity Name  
**MASTERPIECE LANDSCAPING, INC.**



Principal Place of Business

**4440 WOODBINE RD  
PACE, FL 32571 US**

Mailing Address

**4440 WOODBINE RD  
PACE, FL 32571 US**

2. Principal Place of Business

**5642 Sandstone Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**5642 Sandstone Dr.**

Suite, Apt. #, etc.



01052005 Chg-P CR2E034 (10/03)

City & State

**Pace, FL**

City & State

**Pace, FL**

4. FEI Number

**59-3231163**

Applied For

Not Applicable

Zip

**32571**

Country

**Santa Rosa**

Zip

**32571**

Country

**Santa Rosa**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAND, MICHAEL E  
4440 WOODBINE RD  
PACE, FL-32571**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**5642 Sandstone Drive**

City **Pace**

**FL**

Zip Code

**32571**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HAND, MICHAEL E**  
STREET ADDRESS **4440 WOODBINE RD**  
CITY-ST-ZIP **PACE, FL**

TITLE **V** ☐ Delete  
NAME **HAND, TRACI J**  
STREET ADDRESS **4440 WOODBINE RD**  
CITY-ST-ZIP **PACE, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5642 Sandstone Drive**  
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5642 Sandstone Drive**  
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Traci J Hand 3-14-05 850-994-1544**