2004 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT | | | | | | | |
|--|--|---|----------------------|---------------------------|----------------------------|---|--|
| DOCUMENT # P94000034829 | | | | | | | |
| Entity Name LANDSCAPE MANICURE, INC. | | | | 04 APR 22 PM 2: 45 | | | |
| Defendent Dines | | Mailing Address | OF HITT | S | ECRETARY C LAHASSEL | F STATE FLORINA | |
| 445 STONEHOUSE RD 445 STONEHOUSE RD | | | | 1241 | TEWHWOO! C | . , , , , , , , , , , , , , , , , , , , | |
| TALLAHASSEE | E, FL 32301 | TALLAHASSEE, FL 32301 | | | | | |
| | | | | | | | |
| | | | | | | | |
| D | O NOT WRITE | CE | 04222004 | No Chg-P | CR2E034 (10/03) | | |
| U | O NOI WHILE | | 4. FEI Number 59-324 | | Applied For Not Applicable | | |
| | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name and Address of Current Re | | <u> </u> | | 7 00 7 10quii 00 | | |
| BAKER, PA | AUL N. | | | DΩ | NOT W | RITE | |
| | EHOUSE RD SSEE, FL 32301 | DO NOT WRITE | | | | | |
| THE WINCOLL, I'L GLOCK | | | 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. 1.00135794051 05/10/04-01020-022 **150.00 | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | U/U4010ZI | UU22 **15U.UU | |
| Signature, types or printed name of registrate data in appreciate. | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | S. Election Campaign Finar Trust Fund Contribution. | | .00 May Be led to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE NAME | PSD BAKER, PAUL N | | | | | | |
| STREET ADDRESS | 445 STONEHOUSE RD | | | | | | |
| CITY-ST-ZIP TITLE | TALLAHASSEE, FL 32301 | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| NAME STREET ADDRESS | | | | DΩ | NOT W | DITE | |
| CITY-ST-ZIP | | | - | | | | |
| TITLE NAME | | | | IN | THIS SF | ACE | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | - | | | | |
| TITLE NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| | certify that the information supplied with to this report or supplemental report is to the contract of the con | | | | | | |
| of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if | | | | | | | |
| SIGNATURE: PAUL N. BAKER 4/22/04 850-942-4559 | | | | | | | |
| SIGNATURE AND TYPED OR BRINGED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | |