

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000072024 1. Entity Name LOCAL COLOR LANDSCAPING, INC.	
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Principal Place of Business 316 W PINE AVE ST. GEORGE ISLAND, FL 32328 US	Mailing Address 316 W PINE AVE ST GEORGE ISLAND, FL 32328-2714 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3273372	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLOUD, JEAN ANN 316 W PINE AVE ST. GEORGE ISLAND, FL 32328
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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.

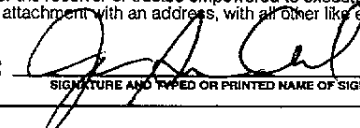
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	000000051228 02/16/04-80043-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLOUD, JEAN ANN 316 W PINE AVE ST. GEORGE ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLOUD, WILTON CARY 316 W PINE AVE ST. GEORGE ISLAND, FL
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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:  **Jean Ann Cloud** **1/29/04** **850-927-3111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #