


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000077767</b>	
1. Entity Name <b>BEST LANDSCAPING, INC.</b>	

Principal Place of Business <b>8930 SW 49TH CT COOPER CITY, FL 33328 US</b>	Mailing Address <b>8930 SW 49TH CT COOPER CITY, FL 33328 US</b>
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0530494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MCCARTHY, LYNN 8930 S/W 49TH COURT COOPER CITY, FL 33328</b>
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when administering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCARTHY, LYNN 8930 S/W 49TH CT COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BLOCK, MICHAEL 830 NE 18 ST FT LAUDERDALE, FL 33305
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01/15/04-80002-014 158.75

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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)(f), 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: *Lynn McCarthy* 1/8/04 954-252-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #