04/06/2005 08:38 TIDEWATER → 19042924024
Tidewater Landscape Fax:2924024 Apr

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Apr 08, 2005 8:00 am
Secretary of State
03-08-2005 90166 008 ***150.00

3/8/20

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P84000092168

1. Entity Name
TIDEWATER LANDSCAPE MANAGEMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% 1329 HEIDT AVENUE GARDEN CITY, GA 31408	P.O.BOX 88783 JACKSONVILLE, FL 32241

66008998

01172005 No Chg-P . CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3299375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELOACH, EDDIE W
9506 HOOD ROAD
JACKSONVILLE, FL 32241

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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 X Eddie W DeLoach 4-6-05
Signature, type or printed name of registered agent and title if applicable — Required when box checked — 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
NAME	DELOACH, EDDIE W
STREET ADDRESS	1329 HEIDT AVE.
CITY-ST-ZIP	GARDEN CITY, GA 31408
TITLE	D
NAME	DELOACH, JAMES M JR.
STREET ADDRESS	1329 HEIDT AVE
CITY-ST-ZIP	GARDEN CITY, FL 31408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X Eddie W DeLoach 4-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date