2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # DOCUMENT AND						Mar 11, 2004 08:00 AM				
DOCUMENT # P95000012020 1. Entity Name						Secretary (of Stat	e		
ROSS TURF & ORNAMENTAL, INC.						-				
Principal Place	e of Business	Mailing Address								
1322 NALDO AVE JACKSONVILLE FL 32207 US		PO BOX 350263 JACKSONVILLE FL 32235 US			3 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	HOUR HOUR OURSE				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)					
City & State		City & State		4. f	El Number 59-3298301	<u>_</u>	_ ```	lied For Applicable		
Zip	Country	Ζιρ	Zip Country		5. 0	Certificate of Status Desired	\$8.75 Fee Rec			
	6. Name and Address of Current	Registered Agent			7. 1	lame and Address of New Register	ed Agent			
ROBERT N ROSS				Name					;	
1322 NALDO AVE JACKSONVILLE FL 32207				Street Address	(P.O. E	Sox Number is Not Acceptable)		<u> </u>	.,	
		_		City	·		Zip	Code		
	named entity submits this statement from of registered agent.	or the purpose of changing its	s register	ed office or registe	ered ag	ent, or both, in the State of Florida. I	am familiar i	with, a	nd accept	
SIGNATURE Signature, typed or printed name of registeral agent and title if applicable (NOTE, Registered Agent signature required when reinstants) DATE										
F	ILE NOW!!! FEE IS \$150.00									
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.			May Be to Fees	
10.	OFFICERS AND	DIRECTORS	. 11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIREC	TORS	IN 11	
TITLE	PST			E .			Cha	nge	Addition	
NAME STREET ADDRESS			nan Siri	EET AODRESS	H00000084743					
Caty-St-Zip	JACKSONVILLE FL 32225		enty	- S.f - ZIP	U00000084743 03/11/04- <u>300</u> 18-017 150.00)		
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NAME			NAM	1						
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NAME		_ ******	NAN	{						
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TITLE		□ pelete	NAA	- ,			4,0 €	go		
STREET ADDRESS			STR	EET ADDRESS						
City-St-Zip			CIT	!-S1-ZIP			<u> </u>			
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NAME STREET ADDRESS			nan Str	RET ADDRESS						
CITY-ST-ZIP			cm	-ST-ZIP					<u> </u>	
12. I hereby	certify that the information supplied wit f on this report or supplemental report reporation or the receiver or rostee exp	h this filing does not qualify for the and the	or the exe	emption stated in S	Section same	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath, the	certify that	the inf	ormation or director	
of the cor changed	roration or the regener or invites some i, or on an attachment with an address.	rowered to execute this report with all other like empowered	t as requ	ired by Chapter 6	07, Flor	ida Statutes, and that my name appe	ars in Block	10 or	Block 11 if	

FILED

3-9-04 904-745-5002 Date Date Daylors Promp #