


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P95000034248 | |  |
| 1. Entity Name FAMILY LANDSCAPE, INC. | | |
| Principal Place of Business 7164 SW 9 ST OKEECHOBEE, FL 34974 | Mailing Address 7164 SW 9 ST OKEECHOBEE, FL 34974 | |



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0574347 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|---|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent EDWARDS, STEVEN L 7164 SW 9 ST OKEECHOBEE, FL 34974 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP | D P EDWARDS, STEVEN L 7164 SW 9 ST OKEECHOBEE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D S EDWARDS, GLENDA A 7164 SW 9 ST OKEECHOBEE, FL |
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04/25/05-80025-023 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven L. Edwards **STEVEN L EDWARDS** 4/22/05 863 763614