

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000086783

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** LANDSCAPE EQUIPMENT & SUPPLY CO., INC.

**Current Principal Place of Business:**

4360 SOUTHWEST THISTLE TERRACE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7006  
TIFTON, GA 31793

**New Mailing Address:**

**FEI Number:** 65-0619452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: JACOBSEN, DAVID  
Address: 4360 SOUTHWEST THISTLE TERRACE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JACOBSEN

PSTD

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date