


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90010 013 ***158.75

DOCUMENT # P95000094326

1. Entity Name
CAMARRA'S LANDSCAPE, INC.



Principal Place of Business - Mailing Address

1907 BRYAN ROAD - 1907 BRYAN RD
 BRANDON, FL 33511 - BRANDON, FL 33511

54017488



2. Principal Place of Business - 3. Mailing Address

2005 Martin Rd - *1907 BRYAN RD*
 Suite, Apt. #, etc. - Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State - City & State

DOVER FL - *BRANDON FL*

Zip - Country - Zip - Country

33527 USA - *33511 USA*

4. FEI Number - Applied For

59-3373813 - Not Applicable

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

6. Name and Address of Current Registered Agent

MARRA, CURTIS A
 1907 BRYAN RD
 BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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]* DATE: *3/9/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	MARRA, CURTIS A	
STREET ADDRESS	2005 MARTIN RD	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARRA, ANTHONY	
STREET ADDRESS	1907 BRYAN RD	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	<i>T</i>	<input type="checkbox"/> Delete
NAME	<i>Stephanie Marra</i>	
STREET ADDRESS	<i>2005 Martin Rd. Dover, FL</i>	
CITY-ST-ZIP	<i>33527</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* DATE: *3/9/04* (813) 657-2267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #