## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000019462

Entity Name: TREASURE COAST IRRIGATION AND LANDSCAPE, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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11240 SE FEDERAL HIGHWAY 7900 SE BRIDGE ROAD HOBE SOUND, FL 33455 HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

P.O. BOX 250 7900 SE BRIDGE ROAD HOBE SOUND, FL 334750250 HOBE SOUND, FL 334750250

FEI Number: 65-0657022 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FAY, SCOTT

11240 SE FEDERAL HWY

HOBE SOUND, FL 33455 US

FAY, SCOTT

7900 SE BRIDGE ROAD

HOBE SOUND, FL 33455 US

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: SCOTT FAY 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

Name: FAY, SCOTT Name: FAY, SCOTT

Address: 11240 SE FEDERAL HWY Address: 7900 SE BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete Title: D (X) Change () Addition

Name: FAY, KELLY Name: FAY. KELLY

 Address:
 11240 SE FEDERAL HWY
 Address:
 7900 SE BRIDGE ROAD

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 HOBE SOUND, FL 33455

Title: D () Delete Title: D (X) Change () Addition

Name: FAY, ROWAN Name: FAY, ROWAN

 Address:
 11240 SE FEDERAL HWY
 Address:
 7900 SE BRIDGE ROAD

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 HOBE SOUND, FL 33455

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: SCOTT FAY PS 04/29/2004