

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000052917

1. Entity Name  
EXOTIC LANDSCAPE DESIGN, INC.



**FILED**  
Apr 09, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
711 GUILD DRIVE  
VENICE, FL 34285 US

Mailing Address  
711 GUILD DRIVE  
VENICE, FL 34285 US



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0680006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSEN, PATRICK  
711 GUILD DRIVE  
VENICE, FL 34285

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP CROSEN, PATRICK 3672 S.W. 59TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CROSEN, SAM 90 CORAL WAY VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/09/04 60020-006 100.00

**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)(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: Patrick Crosen PATRICK CROSEN 4/6/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
PRESIDENT (941) 486-0691