

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061988

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: ALL FLORIDA LANDSCAPE AND IRRIGATION, INC.

## Current Principal Place of Business:

1920 MURRELL RD.  
ROCKLEDGE, FL 32955 US

## New Principal Place of Business:

## Current Mailing Address:

1920 MURRELL RD.  
ROCKLEDGE, FL 32955 US

## New Mailing Address:

FEI Number: 59-3395999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESNICK, DAVID M  
96 WILLARD STREET, SUITE 302  
COCOA, FL 32922 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: BLACK, PRISCILLA  
Address: 1920 MURRELL RD.  
City-St-Zip: ROCKLEDGE, FL

Title: S ( ) Delete  
Name: BLACK, JAMES  
Address: 1920 MURRELL RD.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition  
Name: COTE, JEFFREY  
Address: 1920 MURRELL RD.  
City-St-Zip: ROCKLEDGE, FL 32955

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: PRISCILLA BLACK

PSTD

02/03/2005

Electronic Signature of Signing Officer or Director

Date