


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90006 029 ***550.00

DOCUMENT # P96000092767					
1. Entity Name AMERICAN LANDSCAPING COMPANY					
Principal Place of Business 4629 CANAL DRIVE LAKEWORTH, FL 33463			Mailing Address 4629 CANAL DRIVE LAKEWORTH, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 17329 Sycamore Dr. W.			
City & State		City & State Loxahatchee, FL			
Zip	Country	Zip 33470	Country U.S.A.	05052005 Chg-P CR2E034 (10/03)	
4. FEJ Number 65-0707352				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, PABLO 4629 CANAL DRIVE LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name: PABLO SANCHEZ Street Address (P.O. Box Number is Not Acceptable): 17329 SYCAMORE DRIVE WEST City: LOXAHATCHEE FL Zip Code: 33470		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 5-6-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, PABLO 4629 CANAL DRIVE LAKEWORTH, FL 33463 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PABLO SANCHEZ 17329 SYCAMORE DRIVE WEST LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Pablo Sanchez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5-6-05 Daytime Phone #: 561-719-1540		