

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90045 011 \*\*\*150.00

**DOCUMENT # P97000010939**

1. Entity Name

JASMIN LANDSCAPING INC.



Principal Place of Business

15082 TALL OAK AVENUE  
DELRAY BEACH FL 33446

Mailing Address

15082 TALL OAK AVENUE  
DELRAY BEACH FL 33446

2. Principal Place of Business

10234 Hagen Ranch Rd.  
Suite, Apt. #, etc.

3. Mailing Address

7171 Via Abruzzi  
Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Lake Worth FL

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

6. Name and Address of Current Registered Agent

SANTOS, NELSON R  
15082 TALL OAK AVENUE  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

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

7171 Via Abruzzi

City Lake Worth

FL

Zip Code 33467

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SANTOS, NELSON R  
STREET ADDRESS 15082 TALL OAK AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE V ☐ Delete  
NAME SANTOS, TERESA  
STREET ADDRESS 15082 TALL OAK AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 7171 Via Abruzzi  
CITY-ST-ZIP Lake Worth, FL. 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 7171 Via Abruzzi  
CITY-ST-ZIP Lake Worth, FL. 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

439-8707

Daytime Phone #