2004 FOR PROFIT COP RATION ANNUAL RE

Feb 02, 2004 08:00 AM Secretary of State **DOCUMENT # P97000021604** 1. Entity Name HUGH JOHNSON LANDSCAPE ARCHITECTURE, INC. Principal Place of Business Mailing Address 612 SW 4 AVE 612 SW 4 AVE FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 01282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0738709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, HUGH DO NOT WRITE 612 SW 4 AVE FORT LAUDERDALE, FL 33315 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000024386 OFFICERS AND DIRECTORS 10. 02/02/04-80065-014 150.00 TITLE JOHNSON, HUGH NAME 612 SW 4 AVE STREET ADDRESS FORT LAUDERDALE, FL 33315 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

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 cyritistee emptywered 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 12. I hereby certify that the information supplied

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED