

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024992

Entity Name: WISE LANDSCAPING, INC.

FILED  
Jan 03, 2005  
Secretary of State

## Current Principal Place of Business:

2828 MICHIGAN AVENUE  
SUITE 108  
KISSIMMEE, FL 34744 US

## Current Mailing Address:

2828 MICHIGAN AVENUE  
SUITE 108  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

2832 MICHIGAN AVENUE  
SUITE A  
KISSIMMEE, FL 34744 US

## New Mailing Address:

2832 MICHIGAN AVENUE  
SUITE A  
KISSIMMEE, FL 34744 US

FEI Number: 59-3432759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WISE, NANCY L  
1106 KENTUCKY AVENUE  
ST. CLOUD, FL 34769 US

## Name and Address of New Registered Agent:

WISE, NANCY L  
PO BOX 702602  
ST. CLOUD, FL 34770 US

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:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WISE, COVEY L II  
Address: 1106 KENTUCKY AVENUE  
City-St-Zip: ST. CLOUD, FL 34769 US

Title: VPSD ( ) Delete  
Name: WISE, NANCY L  
Address: 1106 KENTUCKY AVENUE  
City-St-Zip: ST. CLOUD, FL 34769 US

Title: VPD ( ) Delete  
Name: WISE, COVEY L III  
Address: 438 CAROLINA AVENUE  
City-St-Zip: ST. CLOUD, FL 34769 US

Title: VPD ( ) Delete  
Name: WISE, CLINTON L  
Address: 618 OHIO AVENUE  
City-St-Zip: ST. CLOUD, FL 34769 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WISE, COVEY L II  
Address: PO BOX 702602  
City-St-Zip: ST. CLOUD, FL 34770 US

Title: VPSD (X) Change ( ) Addition  
Name: WISE, NANCY L  
Address: PO BOX 702602  
City-St-Zip: ST. CLOUD, FL 34770 US

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

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

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: NANCY L. WISE

VPD

01/03/2005

Electronic Signature of Signing Officer or Director

Date