
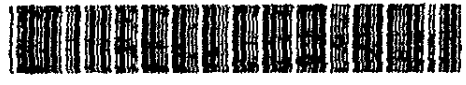


2005

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000008346			
1. Entity Name FLORASCAPE IRRIGATION & LANDSCAPING, INC.			
Principal Place of Business P.O. BOX 19744 JACKSONVILLE FL 32245		Mailing Address P.O. BOX 19744 JACKSONVILLE FL 32245	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE GR2E034 (11/03)

4. FEI Number 59-3490496				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
WHITE, DON 10482 WELLINGTON SPRINGS WAY JACKSONVILLE FL 32221			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when consenting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete BUTCHER, RONALD C JR STREET ADDRESS 4017 PEACH DR. CITY - ST - ZIP JACKSONVILLE FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000337069 STREET ADDRESS 04/27/05-80150-013 150.00 CITY - ST - ZIP	
TITLE ST	<input type="checkbox"/> Delete BUTCHER, MARLENE L STREET ADDRESS 4017 PEACH DR. CITY - ST - ZIP JACKSONVILLE FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 as changed, or on an attachment with an address, with all other like empowered.

Ronald C Butcher 4-22-05