

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047426

FILED
Jun 28, 2005
Secretary of State

Entity Name: DESIGN SCAPES NURSERY, INC.

Current Principal Place of Business:

7840 FRUITVILLE RD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7840 FRUITVILLE RD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0845493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GICZEWSKI, JAMES ROBERT
7840 FRUITVILLE RIAD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GICZEWSKI, JAMES R
Address: 4000 ARROW AVENUE
City-St-Zip: SARASOTA, FL 34232

Title: S/T () Delete
Name: GICZEWSKI, MARIA L
Address: 4000 ARROW AVENUE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: GICZEWSKI, ROBERT J
Address: 4865 DEER RIDGE DRIVE SOUTH
City-St-Zip: CARMEL, IN 46033

Title: D () Delete
Name: GICZEWSKI, MARY G
Address: 4865 DEER RIDGE DRIVE SOUTH
City-St-Zip: CARMEL, IN 46033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAMES R GICZEWSKI

P

06/28/2005

Electronic Signature of Signing Officer or Director

Date