

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105935

Entity Name: BUTTONWOOD LANDSCAPE, INC.

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

4510 7 AVE NW
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

P O BOX 990073
NAPLES, FL 34116

New Mailing Address:

FEI Number: 65-0917499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOLLY, REED E
4510 7 AVE NW
NAPLES, FL 34119 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOLLY, REED E
Address: 4510 7TH AVE NW
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: LOLLY, REGAN E
Address: PO BOX 990073
City-St-Zip: NAPLES, FL 34116

Title: ST () Delete
Name: LOLLY, BETH K
Address: 4510 7TH AVE NW
City-St-Zip: NAPLES, FL 34119

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:

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 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: BETH K. LOLLY

ST

01/27/2005

Electronic Signature of Signing Officer or Director

Date