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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90201 045 ***150.00

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04252005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000010545

1. Entity Name
LIGHTHOUSE LANDSCAPING OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
7938 LIMOGES DR. S. JACKSONVILLE, FL 32210	P.O. BOX 61721 JACKSONVILLE, FL 32210

2. Principal Place of Business	3. Mailing Address
8370 ROOSEVELT BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State:
Zip: 32073 Country: USA	Zip: Country:

4. FEI Number: 59-3552285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, RANDALL R
7938 LIMOGES DR. S.
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 8370 ROOSEVELT BLVD.
City: JACKSONVILLE FL Zip Code: 32073

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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	STEWART, RANDALL		NAME	
STREET ADDRESS	7938 LIMOGES DRIVE S		STREET ADDRESS	8370 ROOSEVELT BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32073
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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

SIGNATURE: [signature] Randall R. Stewart 4/26/05 (904) 215-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #