


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 003 ***150.00

DOCUMENT # P99000017739 1. Entity Name EXTERIOR ELEGANCE LANDSCAPE INC.			
Principal Place of Business 6611 NASSER LANE PORT ORANGE, FL 32128 <i>1321 Shadow Path Drive</i>		Mailing Address 6611 NASSER LANE PORT ORANGE, FL 32128 <i>1321 Shadow Path Dr</i>	
2. Principal Place of Business <i>1321 Shadow Path Dr</i>		3. Mailing Address <i>1321 Shadow Path Dr</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Port Orange Florida</i>		City & State <i>Port Orange, Florida</i>	
Zip <i>32128</i>		Zip <i>32128</i>	
Country <i>Volusia</i>		Country <i>Volusia</i>	
4. FEI Number 59-3565208		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARGANI, MICHAEL 6611 NASSER LANE PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Michael Gargani</i> 5-5-04 <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GARGANI, MICHAEL 6611 NASSER LANE PORT ORANGE, FL 32128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer / Vice President</i> <i>Christine Gargani</i> <i>1321 Shadow Path Dr</i> <i>Port Orange, FL 32128</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Michael Gargani</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-5-04 386 852-5297 <small>Date Daytime Phone #</small>	