

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90029 004 ***150.00

DOCUMENT # P99000017739

1. Entity Name
EXTERIOR ELEGANCE LANDSCAPE INC.



Principal Place of Business

1321 SHADOW PATH DR
PORT ORANGE, FL 32128

Mailing Address

1321 SHADOW PATH DR
PORT ORANGE, FL 32128

20030998



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3565208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARGANI, MICHAEL
~~6611 NASSER LANE~~ 1321 Shadow Path Dr.
PORT ORANGE, FL 32128

**DO NOT WRITE
IN THIS SPACE**

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, 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
Test Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME GARGANI, MICHAEL
STREET ADDRESS ~~6611 NASSER LANE~~ 1321 Shadow Path Dr.
CITY - ST - ZIP PORT ORANGE, FL 32128

TITLE TV
NAME GARGANI, CHRISTINE
STREET ADDRESS 1321 SHADOW PATH DR
CITY - ST - ZIP PORT ORANGE, FL 32128

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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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:

Michael Gargani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

Daytime Phone #