

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000020100

1. Entity Name  
ISLAND HOME LANDSCAPING, INC.



FILED

04 JAN -6 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1009 W BAYSHORE DR  
ST. GEORGE ISLAND, FL 32328

Mailing Address

1009 W BAYSHORE DR  
ST. GEORGE ISLAND, FL 32328

2. Principal Place of Business

101 HWY 98

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 884

Suite, Apt. #, etc.



01062004

Chg-P

CR2E034 (10/03)

City & State

EASTPOINT, FL

City & State

EASTPOINT, FL

4. FEI Number

59-3565054

Applied For

Not Applicable

Zip

32328

Country

FRANKLIN

Zip

32328

Country

Franklin

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'MALLEY, JULIE ANNE  
1009 W. BAYSHORE DRIVE  
ST. GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Julie A. O'Malley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-6-04

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WADE, GEORGE  
1009 W. BAYSHORE DRIVE  
ST. GEORGE ISLAND, FL 32328



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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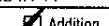
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
Julie Anne O'Malley  
101 Hwy 98  
EASTPOINT, FL 32328



Change



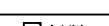
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
200028309072  
02/05/04--01063--020 \*\*158.75



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Julie A. O'Malley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

Date

Daytime Phone #