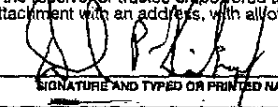


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000022817 1. Entity Name D K LANDSCAPING INC			
Principal Place of Business 2751 BIT-N-BRidle PLACE SANFORD, FL 32771		Mailing Address 2751 BIT-N-BRidle PLACE SANFORD, FL 32771	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 59-3560529		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINKOPF, DANIEL P 2751 BIT-N-BRidle PLACE SANFORD, FL 32771			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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			
TITLE	P	U000000317757 04/20/05-80032-005 150.00	
NAME	KINKOPF, DANIEL P		
STREET ADDRESS	2751 BIT N BRidle PLACE		
CITY-ST-ZIP	SANFORD, FL 32771		
TITLE	P		
NAME	KINKOPF, DOROTHY M		
STREET ADDRESS	2751 BIT N BRidle PLACE		
CITY-ST-ZIP	SANFORD, FL 32771		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(l), 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: 		4-18-05 4073022025 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #	