

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000025642

1. Entity Name
SPLASH LANDSCAPE, INC.



Principal Place of Business
18900 SW 63RD STREET
FT LAUDERDALE, FL 33332

Mailing Address
18900 SW 63RD STREET
FT LAUDERDALE, FL 33332



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0904692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRADILLA, PATRICIA
18900 SW 63RD STREET
FT LAUDERDALE, FL 33332

**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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DVS
NAME PRADILLA, PATRICIA
STREET ADDRESS 18900 SW 63RD STREET
CITY-ST-ZIP FT LAUDERDALE, FL 33332

TITLE
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02/18/05-80050-007 150.00

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN/21/05 (954) 680-7655
Date Daytime Phone #