2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # P99000027314 1. Entity Name 02-17-2005 90023 017 ***150.00 L. HENRY LANDSCAPE MAINTENANCE, INC. Principal Place of Business Mailing Address 3414 BAY TO BAY BLVD. 3414-BAY TO BAY BLVD. IAMPA FL 33629 TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address 13306 Waterford Run DR. 13306 Waterford Run DR. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3578471 Riverview Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, LEONARD T JR. Street Address (P.O. Box Number is Not Acceptable) 3414 BAY TO BAY BLVD. TAMPA FL 33629 City 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. 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HENRY, LEONARD T JR. NAME NAME STREET ADDRESS 3414 BAY TO BAY BLVD. STREET ADDRESS CITY-ST-7IP TAMPA FL 33629 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 13306 Waterford Run DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

FILED

Feb 17, 2005 8:00 am