

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000067353

1. Entity Name
SUNSET LANDSCAPE SERVICES INC.



Principal Place of Business
4957 SE SCHOONER OAKS WAY
STUART, FL 34997

Mailing Address
4957 SE SCHOONER OAKS WAY
STUART, FL 34997



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0980308

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SINCLAIR, TIMOTHY E
4957 SE SCHOONER OAKS WAY
STUART, FL 34997

**DO NOT WRITE
IN THIS SPACE**

7. 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 retaking)

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

U00000124087
04/22/04-80031-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SINCLAIR, TIMOTHY E
STREET ADDRESS 4957 SE SCHOONER OAKS WAY
CITY-ST-ZIP STUART, FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

4/18/04 772-219-3467
Date **Daytime Phone #**