



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90027 028 ***150.00

DOCUMENT # P99000075347 1. Entity Name WISTERIA LANDSCAPE, INC.					
Principal Place of Business 2429 TALL MAPLE LP OCOE, FL 34761			Mailing Address 1583 E SILVERSTAR RD. PMB # 342 OCOE, FL 34761		
2. Principal Place of Business 2464 ORSOTA CIRCLE Suite, Apt. #, etc.		3. Mailing Address 1583 E SILVERSTAR RD Suite, Apt. #, etc. PMB #342			
City & State OCOE FL		City & State OCOE, FL		4. FEI Number 59-3596181	
Zip 34761		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERJINSKI II, GORDON W. 2429 TALL MAPLE LP OCOE, FL 34761				7. Name and Address of New Registered Agent Name VERJINSKI II GORDON W Street Address (P.O. Box Numbers Not Acceptable) 2464 ORSOTA CIRCLE City OCOE FL Zip Code 34761	
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 <u><i>Gordon W. Verjinski II</i></u> GORDON W. VERJINSKI II <u><i>President</i></u> 4/7/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VERJINSKI, GORDON II 2429 TAL MAPLE LP OCOE, FL 34761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VERJINSKI, GORDON II 2464 ORSOTA CIRCLE OCOE, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Gordon W. Verjinski II</i></u> GORDON W. VERJINSKI II <u><i>President</i></u> 4/7/2005 407-468-4375 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					