

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000109504**

1. Entity Name

ROYAL GREEN LANDSCAPE SPRAYING, INC.



Principal Place of Business

797 NE DIXIE HWY  
JENSEN BEACH, FL 34957

Mailing Address

831 NE DIXIE HWY  
JENSEN BEACH, FL 34957



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0966956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARPER, DAVID  
831 NE DIXIE HWY  
JENSEN BEACH, FL 34957

**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 reappointing)

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

U00000097649  
03/29/04-80039-015 150.00

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | P                          |
| NAME           | HARPER, DAVID              |
| STREET ADDRESS | 831 NE DIXIE HWY           |
| CITY-ST-ZIP    | JENSEN BEACH, FL 34957     |
| TITLE          | V                          |
| NAME           | HARPER, LORRAINE           |
| STREET ADDRESS | 3137 SE MONTE VISTA ST.    |
| CITY-ST-ZIP    | PORT SAINT LUCIE, FL 34952 |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

**DO NOT WRITE  
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)(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:**

*David Harper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04

Date

772-334-1144

Daytime Phone #