

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # S22419

1. Entity Name
OBERST LANDSCAPE CONTRACTORS, INC.



Principal Place of Business
**1860 NORTH NOVA ROAD
DAYTONA BEACH, FL 32117**

Mailing Address
**377 BROOKLINE AVENUE
DAYTONA BEACH, FL 32118**



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3045314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OBERST, MARK
377 BROOKLINE AVE.
DAYTONA BCH., FL 32118**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
OBERST, MARK
377 BROOKLINE AVE.
DAYTONA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
OBERST, JEANETTE
377 BROOKLINE AVE.
DAYTONA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000119018
04/19/04-80083-017 150.00

**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)(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:

Mark Oberst **Mark Oberst**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/04 **4/10/04**

Daytime Phone #

386 252 4283 **386 252 4283**