2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR CHRISTED NAME OF SIGNING OFFICER ON DIRECTOR

FILED Jul 08, 2005 08:00 AM Secretary of State

DOCUMENT # S67871 1. Entity Name CUSTOM LANDSCAPE & NURSERY, INC.					Secreta	ry of State
Principal Place of Business Meiling Address 9105 S.W. KANSAS AVENUE P.O. BOX 1382 STUART, FL 34997 JENSEN BEACH, FL 34958-138			82			
Ē	O NOT WRITE	IN THIS SPA			Chg-P CR2E0	Applied For Not Applicable
	6. Name and Address of Current Re		· · · · · · · · · · · · · · · · · · ·	5. Certificate of State	s Desired □	\$8.75 Additional Fee Required
2245 N.E.	KI, STEVEN RUSTIC PLACE BEACH, FL 34957		and one of the special particle of the special particl	IN THI	T WRITE S SPACE	
The above the obligat SIGNATURE	named entity submits this statement for the close of registered agent. Signature, typed or printed name of registered agent and		ed office or register d Agent sgnature required	ed agent, or both, in the		familiar with, and accept
FILE NOW!!! FEE 18 \$550.00 Due by September 7, 2005 9. Election Campaign Finance Youst Fund Contribution.				00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOWACKI, STEVEN 2245 NE RUSTIC PLACE JENSEN BEACH, FL 34957	RECTORS	The second secon	07/	ÜÖÖ00037153 08/05-80006	5 -020 550. 00
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NAME STREET ADDRESS GITY ST-ZIP			A Marian	SENT TIME	C CDACE	The second secon
TITLE NAME STREET ADDRESS GITY-ST-ZIP			3 St. 40 St. 70			
TITLE NAME STREET ADDRESS CITY ST-ZIP		•	Section 1			if that the information
12. I hereby of indicated of the corp changed,	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	a filing does not qualify for the exer e and accurate and that my signat red to execute this report as requir all other like empowered.	nption stated in Secure shall have the sed by Chapter 607.	ction 119.07(3)(i), Florid ame legal effect as if m Florida Statutes; and the	a Statutes. I further cen ade under oath; that I a hat my name appears in	ify that the information m an officer or director n Block 10 or Block 11 if