


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90038 040 \*\*\*150.00

**DOCUMENT # S72414**

1. Entity Name  
**SOUTHEASTERN LANDSCAPE AND MAINTENANCE, INC.**



Principal Place of Business      Mailing Address

**1508 LAKE DR.  
 DELRAY BEACH FL 33444**      **1508 LAKE DR.  
 DELRAY BEACH FL 33444**

2. Principal Place of Business      3. Mailing Address

**4686 133RD ROAD SW**      **P.O. Box 787**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**DELRAY BEACH FL 33444**      **DELRAY BEACH FL 33444**

Zip      Country      Zip      Country

**33444**      **USA**      **33447-0787**      **USA**

4. FEI Number      Applied For

**65-0275533**       Not Applicable

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



MOORE      CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**GEFFE, ROBERT C.  
 1508 LAKE DR.  
 DELRAY BEACH FL**

7. Name and Address of New Registered Agent

Name  
**NICOLE GEFFE**

Street Address (P.O. Box Number is Not Acceptable)  
**1121 ASBURY WAY**

City      State      Zip Code  
**Boynton Beach**      **FL**      **33426**

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 *Nicole Geffe*      DATE 3/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	GEFFE, ROBERT C.	
STREET ADDRESS	1508 LAKE DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEFFE, ROBERT C.	
STREET ADDRESS	1508 LAKE DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*      DATE 3/14/04      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR