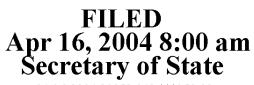
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # V63170 1. Entity Name

SIGNATURE: _ Jou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04-16-2004 90059 043 ***150 00

QUALITY	LANDSCAPING OF THE F	PALM BEACHES, INC).		0110200190009015 150.00	
Principal Place of Business 111 PONCE DE LEON STREET ROYAL PALM BEACH FL 33411		Mailing Address 111 PONCE DE LEON STREET ROYAL PALM BEACH FL 33411			. •	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 65-0361135 Applied For Not Applicable	
Zip	Country Zip Cou		Coun	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
•	6. Name and Address of Currer	nt Registered Agent		I	7. Name and Address of New Registered Agent	
COV	VART, LOU ANN	a marine a a	क्षारणी इ.स			
111	PONCE DE LEON STREE AL PALM BEACH FL 334				P.O. Box Number is Not Acceptable)	
				City FL Zip Code		
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						
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 Trust Fund Contribution. Added to Fees		
10.	OFFICERS AN	D DIRECTORS .	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	D	☐ Delete	TITL		☐ Change ☐ Addition	
	COWART, LOU ANN NAM		AE	_		
			EET ADDRESS /-ST-ZIP			
TITLE	☐ Delete TITL		E	Change Addition		
NAME			NAM			
STREET ADDRESS CITY-ST-ZIP				EET ADORESS /-ST-ZIP		
TITLE		☐ Delete	TITL	1	Change Addition	
STREET ADDRESS			NAM STRI	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL	.E	☐ Change ☐ Addition	
NAME .			NAM	ΛE .	— · ·	
STREET ADDRESS			STR	EET ADDRESS		
CITY-ST-ZIP			CITY	Y-ST-ZIP	·	
TITLE		☐ Delete	TITL	E	☐ Change ☐ Addition	
NAME			NAM			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP	·	
TITLE		☐ Delete	TITL		☐ Change ☐ Addition	
NAME CTREET ADDRESS			NAM	í		
STREET ADDRESS CITY-ST-ZIP				EET ADORESS Y-ST-ZIP		
1	partify that the information synalised "	ith this filing does not avails.			ection 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this report or supplemental repor	t is true and accurate and the	at my signa	ature shall have the	scaled 119.07(3)(), Florida Statutes: Flurifier certify that the information same legal effect as if made under oath; that I am an officer or director 7, 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.						