

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 041 ***150.00

DOCUMENT # P02000020348

1. Entity Name
 EARTHSCAPES UNLIMITED INC.



Principal Place of Business: 1601 CLEVELAND AVE. WILDWOOD, FL 34785
 Mailing Address: 1601 CLEVELAND AVE. WILDWOOD, FL 34785

54025396

2. Principal Place of Business: 2630 CR 222
 3. Mailing Address: 2630 CR 222



03302004 Chg-P CR2E034 (10/03)

City & State: Wildwood, FL

4. FEI Number: 02-0546095
 Applied For: Not Applicable

Zip: 34785 Country: US

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

6. Name and Address of Current Registered Agent
 GRUBER, PATRICIA
 1601 CLEVELAND AVE.
 WILDWOOD, FL 34785

7. Name and Address of New Registered Agent
 Name: DAVID GRUBER
 Street Address (P.O. Box Number is Not Acceptable): 2630 CR 222
 City: Wildwood FL Zip Code: 34785

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]* (NOTE: Registered Agent signature required when reinstating) DATE: *[Signature]*

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRUBER, PATRICIA	
STREET ADDRESS	1601 CLEVELAND AVE.	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRUBER, DAVID	
STREET ADDRESS	1601 CLEVELAND AVE.	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRUBER, WILLIAM	
STREET ADDRESS	1601 CLEVELAND AVE.	
CITY-ST-ZIP	WILDWOOD, FL 34785	
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	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID GRUBER	
STREET ADDRESS	2630 CR 222 WILDWOOD, FL 34785	
CITY-ST-ZIP		
TITLE	VP, -D-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GRUBER	
STREET ADDRESS	2630 CR 222 WILDWOOD, FL 34785	
CITY-ST-ZIP		
TITLE	S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGIE GRUBER	
STREET ADDRESS	2630 CR 222 WILDWOOD, FL 34785	
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: *4-3-04* Daytime Phone #