

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006009

Entity Name: KGI LANDSCAPING CO.

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

8864 EAST PRAIRIE ROAD
SKOKIE, IL 60076

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 265
SKOKIE, IL 60076

New Mailing Address:

FEI Number: 36-4394291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOLLE, STEPHEN
1880 STEVENSON ROAD
NORTH FT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTC () Delete
Name: HOSTALET, GABRIEL
Address: 8864 EAST PRAIRIE ROAD
City-St-Zip: SKOKIE, IL 60076

Title: D () Delete
Name: HOSTALET, GABRIEL
Address: 8864 EAST PRAIRIE ROAD
City-St-Zip: SKOKIE, IL 60076

Title: MS. () Delete
Name: HOSTALET, KAREN A OFFICER
Address: 1710 S.W. 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: HOSTALET, GABRIEL PRES.
Address: 8864 EAST PRAIRIE ROAD
City-St-Zip: SKOKIE, IL 60076

Title: MR. (X) Change () Addition
Name: HOSTALET, GABRIEL
Address: 8864 EAST PRAIRIE ROAD
City-St-Zip: SKOKIE, IL 60076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL HOSTALET

Electronic Signature of Signing Officer or Director

MR.

04/02/2008

_____ Date