2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State
06-23-2008 90001 042 ****70.00

DOCUMENT # N98000002307

1. Entity Name
LANDSCAPE INSPECTOR'S ASSOCIATION OF FLORIDA
A LIMITED AGRICULTURAL ASSOCIATION

Principal Place of Business	Mailing Address
4611 SOUTH UNIVERSITY DRIVE STE 174 FORT LAUDERDALE, FL 33328	4611 SOUTH UNIVERSITY DRIVE STE 174 FORT LAUDERDALE, FL 33328

06172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4611 S University Dr.	4611 S University Dr
Suite, Apt. #, etc.: STE 174	Suite, Apt. #, etc.: Ste 174
City & State: Davie FL	City & State: Davie FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. FEI Number 65-0451904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEARSON, KIMBERLY PRES 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33317	Name: Pearson, Kimberly President Street Address (P.O. Box Number is Not Acceptable): 4611 S University Dr. Ste 174 City: Davie FL 33328 FL Zip Code: 33328

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: Kimberly Pearson Kimberly Pearson 6/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS PEARSON, KIMBERLY PRES 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR O'BRIEN, DAVID TREAS 4611 S UNIVERSITY DR STE 174 FORT LAUDERDALE, FL 33328	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. Casey Lee 4611 S University Dr. Ste 174 Davie FL 33328	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: Kimberly Pearson Kimberly Pearson 6/17/08 954 786 4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #