


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000028357 1. Entity Name SPECIALTY LANDSCAPE SERVICES, INC.	
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Principal Place of Business 5960 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216	Mailing Address 5960 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2323263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent J. D. EARLY PIETY 5960 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 — After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. D. EARLY PIETY 5960 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216
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 01/22/08-80014-018 150.00

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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, 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, without other like information.

SIGNATURE:  1-15-08 904 733-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #