

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107909

FILED
Aug 29, 2005
Secretary of State

Entity Name: TRI-COUNTY LANDSCAPE SERVICES, INC.

Current Principal Place of Business:

4124 NW 88TH AVE
SUITE 106
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

4124 NW 88TH AVE
SUITE 106
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-1395607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAHONEY, ROBERT F
7777 GLADES RD
SUITE 209
BOCA RATON, FL 33434 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAKER, CHRISTOPHER T, HEODORE
Address: 4124 NW 88TH AVE SUITE 106
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: SCHAAD, CASEY TUDOR
Address: 7442 PINEWALK DR S
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS BAKER

PD

08/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date