## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000048777

Entity Name: ALPHA SCAPE LAWN & MAINTENANCE, INC.

FILED Feb 28, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2951 NW 24TH AVE OAKLAND PARK, FL 33311

Current Mailing Address: New Mailing Address:

2951 NW 24TH AVE PO BOX 868

OAKLAND PARK, FL 33311 BOYNTON BEACH, FL 33463

FEI Number: 74-3172284 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete Title: DPT (X) Change ( ) Addition Name: LEWIS, GARY L DPT (X) Change ( ) Addition LEWIS, GARY L

Address: 2951 NW 24TH AVE Address: 907 PINE CIRCLE
City-St-Zip: OAKLAND PARK, FL 33311 City-St-Zip: GREENACRES, FL 33463

Title: DVS () Delete Title: DVS (X) Change () Addition Name: SMITH. ROCHELLE L Name: LEWIS. ROCHELLE L

 Name:
 SMITH, ROCHELLE L
 Name:
 LEWIS, ROCHELLE L

 Address:
 907 PINE CIRCLE
 Address:
 907 PINE CIRCLE

 City-St-Zip:
 GREENACRES, FL 33463
 City-St-Zip:
 GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY L. LEWIS DPT 02/28/2007