

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131465

Entity Name: CASTLE LANDSCAPE, INC.

FILED
Feb 23, 2012
Secretary of State

Current Principal Place of Business:

12270 SW 3RD STREET
SUITE 200
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

12270 SW 3RD STREET
SUITE 200
PLANTATION, FL 33325 US

New Mailing Address:

FEI Number: 26-1561952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHAN, CRAIG
12270 SW 3RD STREET
SUITE 200
PLANTATION, FL 33325 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

OFFICERS AND DIRECTORS:

Title: P
Name: DONNELLY, CATHY
Address: 12270 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325 US

Title: VP
Name: VAUGHAN, CRAIG
Address: 12270 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325 US

Title: VP
Name: DONNELLY, ROBERT
Address: 12270 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325 US

Title: S
Name: VAUGHAN, CRAIG
Address: 12270 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325 US

Title: T
Name: VAUGHAN, CRAIG
Address: 12270 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325 US

Title: VP
Name: DONNELLY, JAMES P
Address: 12270 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325 US

I hereby 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 all other like empowered.

SIGNATURE: CRAIG VAUGHAN

VP

02/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date