

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000051767**  
 1. Entity Name  
 PREFERRED LANDSCAPE SERVICES, INC.



Principal Place of Business  
 7376 PALOMINO TRAIL  
 SARASOTA, FL 34241

Mailing Address  
 7376 PALOMINO TRAIL  
 SARASOTA, FL 34241



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0845822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 AURELIUS, ADELAIDE N  
 7376 PALOMINO TRAIL  
 SARASOTA, FL 34241

**DO NOT WRITE IN THIS SPACE**

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: *Adelaide N. Aurelius* DATE: *4/30/07*  
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, 2007 Fee will be \$550.00**

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

000000755601  
 05/22/07-80107-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS AURELIUS, ADELAIDE N 7376 PALOMINO TRAIL SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AURELIUS, DEAN P 7376 PALOMINO TRAIL SARASOTA, FL 34241
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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 or 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, with all other like empowered.

SIGNATURE: *Adelaide Aurelius, as VTS* DATE: *4/30/07* DAYTIME PHONE #: *941 922 1875*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #