

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K79792

Entity Name: BLOOMINGDALE LAND CARE, INC.

Current Principal Place of Business:

211 KARPPE RD
PLANT CITY, FL 33567

Current Mailing Address:

211 KARPPE RD
PLANT CITY, FL 33567 US

FEI Number: 65-0115276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAYTON, MICHAEL EPRES
211 KARPPE RD
PLANT CITY, FL 33567 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

Officer/Director Detail :

Title D
Name CLAYTON, MICHAEL E
Address 211 KARPPE RD
City-State-Zip: PLANT CITY FL 33567

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: MICHAEL E CLAYTON

PRES

03/13/2013

Electronic Signature of Signing Officer/Director Detail

Date