

**2014 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 CLAYTON

**PRES.**

**03/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date