

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000040320

**Entity Name:** LANDSCAPE SCIENCES, INC.

**Current Principal Place of Business:**

1205 GROVELAND DR.  
CHULUOTA, FL 32766

**Current Mailing Address:**

1205 GROVELAND DR.  
CHULUOTA, FL 32766

**FEI Number: 57-1172911**

**Certificate of Status Desired: No**

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

LITVANY, MICHAEL A  
1205 GROVELAND DR.  
CHULUOTA, FL 32766 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 LITVANY, MICHAEL A  
Address PO BOX 660222  
City-State-Zip: CHULOUTA FL 32766

Title CP  
Name LITVANY, MICHAEL A  
Address PO BOX 660222  
City-State-Zip: CHULOUTA FL 32766

Title ST  
Name LITVANY, MICHAEL A  
Address PO BOX 660222  
City-State-Zip: CHULOUTA FL 32766

*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 A. LITVANY**

**PRESIDENT**

**04/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date