## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 319034** FILED Aug 20, 2008 08:00 AM Secretary of State JERRY DAVIS LANDSCAPING, SALES AND SERVICE, INC. Principal Place of Business Mailing Address 2223 VISCOUNT ROW 2223 VISCOUNT ROW ORLANDO, FL 32809 ORLANDO, FL 32809 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1171447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, JERALD A . 2223 VISCOUNT ROW ORLANDO, FL 32809 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PDS TITLE NAME DAVIS, JERALD A 113 E. CONCORD ST. STREET ADDRESS ÇITY-ST-ZIP ORLANDO, FL 32801 TITLE SELF, CAROL S NAME STREET ADDRESS 5682 ALTEA CT CITY-ST-7IP ORLANDO, FL 32808 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL S. Self

818-D8

407\_488-1922

Date

Daytime Phone #