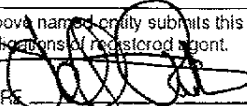


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                     |                                                                   |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 580310</b><br>1. Entity Name<br><b>CLM COMMERCIAL LANDSCAPING &amp; MAINTENANCE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                     |                                                                   |                                                                                                       |  |
| Principal Place of Business<br><b>11748 MARJORY AVE.<br/>TAMPA FL 33612<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                     |                                                                   | Mailing Address<br><b>11748 MARJORY AVE.<br/>11748 MARJORY AVENUE<br/>TAMPA FL 33612<br/>US</b>                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 3. Mailing Address  |                                                                   |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Suite, Apt. #, etc. |                                                                   |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | City & State        |                                                                   | 4. FEI Number <b>59-1894270</b>                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Country             |                                                                   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br><input type="checkbox"/> Not Applicable                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                     |                                                                   | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>PARKER, HAROLD<br/>11748 MARJORY AVE.<br/>TAMPA FL 33612</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                     |                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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, the registered agent.                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                     |                                                                   |                                                                                                                                                                                        |  |
| SIGNATURE  (NOTE: Registered Agent signature required when registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                     |                                                                   |                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                     |                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P <input type="checkbox"/> Delete  | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PARKER, HAROLD                     | NAME                |                                                                   |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11748 MARJORY AVE.                 | STREET ADDRESS      |                                                                   |                                                                                                                                                                                        |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TAMPA FL                           | CITY ST ZIP         | U000000604312<br>01/29/07-80048-021 158.75                        |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PARKER, CHAD                       | NAME                |                                                                   |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11748 MARJORY AVE.                 | STREET ADDRESS      |                                                                   |                                                                                                                                                                                        |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TAMPA FL 33612                     | CITY ST ZIP         |                                                                   |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NAME                |                                                                   |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | STREET ADDRESS      |                                                                   |                                                                                                                                                                                        |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | CITY ST ZIP         |                                                                   |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NAME                |                                                                   |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | STREET ADDRESS      |                                                                   |                                                                                                                                                                                        |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | CITY ST ZIP         |                                                                   |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NAME                |                                                                   |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | STREET ADDRESS      |                                                                   |                                                                                                                                                                                        |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | CITY ST ZIP         |                                                                   |                                                                                                                                                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/20/07<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                     |                                                                   |                                                                                                                                                                                        |  |