

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005228

Entity Name: CEMROCK LANDSCAPES, INC.

FILED
Jun 12, 2007
Secretary of State

Current Principal Place of Business:

ATTN: POLLY
4790 S. JULIAN AVE.
TUCSON, AZ 85714

New Principal Place of Business:

ATTN: PAT
4790 S. JULIAN AVE.
TUCSON, AZ 85714

Current Mailing Address:

ATTN: POLLY
4790 S. JULIAN AVE.
TUCSON, AZ 85714

New Mailing Address:

ATTN: PAT
4790 S. JULIAN AVE.
TUCSON, AZ 85714

FEI Number: 86-0893628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: PAUL SMITH, VP

06/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLSON, JAMES B
Address: 12320 E. SUTTERMILL
City-St-Zip: TUCSON, AZ 85749

Title: V () Delete
Name: SHAW, DAVID
Address: 901 E MAGEE
City-St-Zip: TUCSON, AZ 85718

Title: AS () Delete
Name: BENNIC, HANS
Address: 3622 WEST EAGLES VIEW PLACE
City-St-Zip: TUCSON, AZ 85745

Title: ST () Delete
Name: OLSON, LISA
Address: 12320 E. SUTTERMILL
City-St-Zip: TUCSON, AZ 85749

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES OLSON

PD

06/12/2007

Electronic Signature of Signing Officer or Director

Date