


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F12501		
1. Entity Name SHERWOOD FOREST LANDSCAPING DIVISION, INC.		

Principal Place of Business	Mailing Address
4157 MARINER BLVD SPRING HILL, FL 34609	27 E. ORANGE ST. TARPON SPRINGS, FL 34689 US



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2159415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent
KLIMIS, GEORGE N 27 E. ORANGE ST. TARPON SPRINGS, FL 34689

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRATIANNI, DEBRA L 4106 BUCKEYE CT. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUNION, HARLAN R 6269 CLEARWATER DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUNION, RONNIE L 24094 HIDDEN MEADOWS RD. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/05-80071-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 another like empowered.

SIGNATURE: *Debra L. Fratianni* X443 05 X35268329X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Debra L. Fratianni