

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90092 049 ***150.00

DOCUMENT # F12501

1. Entity Name
SHERWOOD FOREST LANDSCAPING DIVISION, INC.



Principal Place of Business
**4157 MARINER BLVD
SPRING HILL, FL 34609**

Mailing Address
**27 E. ORANGE ST.
TARPON SPRINGS, FL 34689 US**

400100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2159415

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLIMIS, GEORGE N
27 E. ORANGE ST.
TARPON SPRINGS, FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **FRATIANNI, DEBRA L**
STREET ADDRESS **4106 BUCKEYE CT**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☒ Change ☐ Addition
NAME **3475 Spring Parkway**
STREET ADDRESS **Springhill, FLA. 34604**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **RUNION, HARLAN R**
STREET ADDRESS **6269 CLEARWATER DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **RUNION, RONNIE L**
STREET ADDRESS **24094 HIDDEN MEADOWS RD.**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Debra L. Fratianni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(41807) X 352
683-2976
Date Daytime Phone #

Debra L. Fratianni