2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F12501 1. Entity Name SHERWOOD FOREST LANDSCAPING DIVISION, INC.							04-20-2007 9	90092 049	9 ***150.	.00	
Principal Place of Business Mailing Address					,	400 ·	- م ر				
4157 MARIN		•	27 E. ORANGE ST.								
SPRING HILL,			TARPON SPRINGS, FL 34689 US			100	•				
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2. Principal Pi	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address			3 LA 60 L	<u> </u>	i dina dina bidu	QUE B B A Q		
Suite, Apt. #. etc.		State Act # etc	Suite, Apt. #, etc.								
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City & State		City & State	City & State			4. FEI Number			Ар	plied For	
						59-215 9	415		No	t Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of	of Status Desired		8.75 Add		
									ee Require	d	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	legistered A	gent		
IZI IMIC CI	EODOE N			Name							
KLIMIS, GEORGE N 27 E. ORANGE ST.					Street Address (P.O. Box Number is Not Acceptable)						
TARPON SPRINGS, FL 34689											
	•			City				FI	Zip Code	9	
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	named entity submits this statementions of registered agent.	tior the purpose of changing is	is registere	ва опісе ог г	registere	ed agent, or both	i, in the State of Fi	orida. Tam i	amıllar witn,	and accept	
J	3										
SIGNATURE Signature, typed or printed name of replatered agent and title if applicable. (NOTE: Registered Apent signature required when reinstating) OATE											
	Signature, typice or printing mane to regione act ag	tour and and appropries. (Inc	. It., rogasara	n Water Signerore	e admad	WIRE THE COUNTY)		DATE:			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.											
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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 path; 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

4-18-07

352 (683-29)6 Deviting Phone