

2007 FOR PROFIT CORPORATION ANNUAL REPORT



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Feb 21, 2007 8:00 am
Secretary of State

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # F33321					
1. Entity Name TORNELLO LANDSCAPE CORP.					
Principal Place of Business 115 - 12TH AVENUE, S.E. P.O. BOX 789 (ZIP 33570-0789) RUSKIN, FL 33570			Mailing Address 115 - 12TH AVENUE, S.E. P.O. BOX 789 (ZIP 33570-0789) RUSKIN, FL 33570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 789			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State RUSKIN, FL		4. FEI Number 59-2153340	
Zip		Country		Applied For Not Applicable	
33575-0789		US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORNELLO, ROBERT S. 115 12TH AVE. S.E. RUSKIN, FL 33570			7. Name and Address of New Registered Agent 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 ROBERT S. TORNELLO, PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TORNELLO, ROBERT S. 115 12TH AVE. S.E. RUSKIN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		ROBERT S. TORNELLO, PRESIDENT		(813) 645-5445	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	