

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F34699

1. Entity Name  
SANTOPADRE & SON LANDSCAPING, INC.



Principal Place of Business  
1330 COUNTY ROAD 13  
BUNNELL, FL 32110

Mailing Address  
1330 COUNTY ROAD 13  
BUNNELL, FL 32110

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2099190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CHIUMENTO, MICHAEL D  
4B OLD KINGS ROAD NORTH  
PALM COAST, FL 32137

**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

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, 2008 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	PT SANTOPADRE, GEOFFREY 1330 COUNTY ROAD 13 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTOPADRE, DIANE E. 1330 COUNTY ROAD 13 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000927035  
05/20/08-80089-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Santopadre* *Diane Santopadre* 4/20/08 386 4371961