

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44196

Entity Name: ALBIN LANDSCAPING, INC.

FILED  
Apr 18, 2008  
Secretary of State

## Current Principal Place of Business:

4735 PALM BRACH BLVD.  
FORT MYERS, FL 33994 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 50412  
FORT MYERS, FL 33994 US

## New Mailing Address:

FEI Number: 59-2123722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALBIN, DAVID R PRES  
13380 ISLAND RD  
FT MYERS, FL 33905 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALBIN, DAVID R PRES  
Address: 13380 ISLAND ROAD  
City-St-Zip: FT MYERS, FL 33905 US

Title: P ( ) Delete  
Name: ALBIN, JANEENE SEC  
Address: 13380 ISLAND ROAD  
City-St-Zip: FT MYERS, FL 33905 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R ALBIN

MGR

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date