


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # G11883 1. Entity Name GLENN R. DUNCAN LANDSCAPE MAINTENANCE, INC.					
Principal Place of Business 7970-46TH AVE. N.#2 P.O. BOX 40911 ST. PETERBURG FL 33743-0911			Mailing Address 7970-46TH AVE. N.#2 P.O. BOX 40911 ST. PETERBURG FL 33743-0911		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNCAN, GLENN R. 7970 46TH AVE. N. #2 ST. PETERSBURG FL 33709			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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD		TITLE		
NAME	DUNCAN, GLENN R		NAME		
STREET ADDRESS	7970 46TH AVE. N. #2		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	DUNCAN, JOANNE N		NAME		
STREET ADDRESS	7970-46 AVE N		STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL 33709		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Glenn R. Duncan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>8/3/05</i> (727) 544-0460 <small>Daytime Phone #</small>		