

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90039 041 ***150.00

DOCUMENT # G70935

1. Entity Name
TRI-CITY LANDSCAPE MAINTENANCE, INC.



Principal Place of Business

**7001 TEMPLE TERRACE HWY.
TAMPA, FL 33687 US**

Mailing Address

**P.O. BOX 16307
TAMPA, FL 33687-6307**

40



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2344816

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, JAMES S JR
5012 E LIBERTY AVE.
TAMPA, FL 33617-2149**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	YOUNG, JAMES S JR
STREET ADDRESS	5012 E. LIBERTY AVE.
CITY-ST-ZIP	TAMPA, FL 336172149
TITLE	V
NAME	YOUNG, MICHAEL W
STREET ADDRESS	5014 E. LIBERTY AVE.
CITY-ST-ZIP	TAMPA, FL 336172149
TITLE	ST
NAME	YOUNG, DORIS L
STREET ADDRESS	5012 E LIBERTY AVE
CITY-ST-ZIP	TAMPA, FL 336172149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

Doris L Young *Doris L Young* 04/30/07 813 988-7953