

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90010 018 \*\*\*150.00

**DOCUMENT # J34982**

1. Entity Name  
**KING'S LANDSCAPING & SOD OF S.W. FLORIDA, INC.**



Principal Place of Business

5552 TICE STRET  
FORT MYERS, FL 33905 US

Mailing Address

5552 TICE STRET  
FORT MYERS, FL 33905 US



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2728740**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

KING, SCOTTQ E  
5552 TICE ST  
FORT MYERS, FL 33905

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                   |
|----------------|-------------------|
| TITLE          | VSD               |
| NAME           | KING, SCOTT E.    |
| STREET ADDRESS | 5552 TICE ST      |
| CITY-ST-ZIP    | FT MYERS, FL      |
| TITLE          | PTD               |
| NAME           | KING, KENNETH J.  |
| STREET ADDRESS | 205 SW 44TH TERR. |
| CITY-ST-ZIP    | CAPE CORAL, FL    |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| 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 exemption stated in Section 119.07(3)(i), 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 #