### **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

#### **DOCUMENT # J74449**

HORTICULTURAL CONSULTING SERVICES, INC.



Principal Place of Business

Mailing Address

764 SILVERWOOD DRIVE LAKE MARY, FL 32746

764 SILVERWOOD DRIVE LAKE MARY, FL 32746

## **FILED** Jan 22, 2007 8:00 am **Secretary of State**

01-22-2007 90073 035 \*\*\*150.00

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No Chg-P



DO NOT WRITE	IN THIS	SPACE
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Applied For 4. FEI Number 59-2825941 Not Applicable 

5. Certificate of Status Desired

01142007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

YADAV, UDAY K 764 SILVERWOOD DRIVE

\$ 80°

# DO NOT WRITE

LANE MART, FL 32/40				IN THIS SPACE			
	named entity submits this statement for the prions of registered agent.	urpose of changing its regis	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Flegi	estered Agent signeture	required when reinstating)	DATE		
	E NOW!!! FEE 18 \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign F Trust Fund Contributi</li> </ol>		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADORESS CITY-ST-ZIP	P YADAV, UDAY K. 764 SILVERWOOD DRIVE LAKEMARY, FL 32746						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YADAV, REBECCA J. 764 SILVERWOOD DRIVE LAKEMARY, FL 32746						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i.	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•		

12. I hereby certify that the information supplied with this filting 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

UKYADAY CUDAYK. YADAY

January 16, 2007 407/330-5864

# **ATTACHMENT** HOOO3640 Division of Corporations

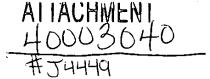


# **Annual Report**

Annual Report Help
Document Number
J74449
Business Entity Name
HORTICULTURAL CONSULTING SERVICES, INC

	HORTICULTU	Business En JRAL CONSI	itity Name	RVICES,	INC.	
Number		Same.	592825941			
Number Sta	atus		Listed Above	O Appli	ed For C	Not Applicat
tificate of St	atus Desired	,	O Yes  No	\$8.75 eac	ch	
ction Campa	ign Financing Trust Fu	nd Contribution	O Yes O No			
	Pr	incipal Plac	e of Busines	S		
	Address	764 SILVERW				
	Suite, Apt. #, etc.	***************************************	***************************************	***************************************	···········	
	City, State	LAKE MARY	***************************************	FL FL		
	Zip Code & Country	32746	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Address Suite, Apt. #, etc.	764 SILVERW	Address VOOD DRIVE	***************************************		
	City, State	LAKE MARY	***************************************	, FL		
	Zip Code & Country	32746				
	Name ar	nd Address o	of Registere	d Agent		
Name (Las	t, First, Middle, Title)	YADAV	UDAY		, K ,	
	- OR -	,	•		<i>*</i>	
Business to	serve as RA		***************************************	•••••		
Address (I	PO Box is not acceptable			······································		
Suite, Apt.	#, etc.		***************************************		***************	
City, State		LAKE MARY	,	, FL		
	& Country	32746	US			

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business



entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

## Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

#### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P					
Name (Last, First, Middle, Title)	,	,	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,,,,,
- OR -						
Entity Name to serve as Officer/Director	YADAV, UDAY	<b>K</b> .			***************************************	
Street Address	764 SILVERWO					
City, State	LAKEMARY		, FL	•••••		
Zip Code & Country	32746					
Title	ST					
Name (Last, First, Middle, Title)		,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,	,	*****
- OR -						
Entity Name to serve as Officer/Director	YADAV, REBEC	CA J.			,,,,,,,	
Street Address	764 SILVERWO			********		
City, State	LAKEMARY		, FL	******		
Zip Code & Country	32746	**********				
Title						
Name (Last, First, Middle, Title)		,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- OR -						
Entity Name to serve as Officer/Director				***************************************		
Street Address	<u> </u>		************	••••	••••	
City, State	3	***************************************	, [	*****		
Zip Code & Country						
Title	<b>,</b>					