

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/7/

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-07-2007 90017 006 ***150.00

DOCUMENT # J83213

1. Entity Name
FLORIDA GARDENS SERVICE, INC.



Principal Place of Business
**7482 LAKE WORTH RD
LAKE WORTH, FL 33467 US**

Mailing Address
**7482 LAKE WORTH RD
LAKE WORTH, FL 33467 US**



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2834560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RALPH A. AMODIE III
7482 LAKE WORTH RD
LAKE WORTH, FL 33467**

**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 reappointing)

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 **P**
NAME **AMODIE, STEVEN C.**
STREET ADDRESS **7482 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **VP**
NAME **AMODIE, RALPH A., III**
STREET ADDRESS **7482 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH, FL**

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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 reports 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

3/19/07 (561) 968-8277