2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2007 08:00 AM DOCUMENT # K89347 **Secretary of State** 1. Enlity Name NO EXCUSE LANDSCAPING, INC. Principal Place of Business Mailing Address 455 CREEK LANE DRIVE 455 CREEK LANE DRIVE **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc Suito, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 65-0116582 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo IZZO, JOHN P. 180 NO. INDIANA AVENUE Street Address (P.O. Box Numbor is Not Acceptable) ENGLEWOOD FL 34223 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change Addition MILLER, ROBERT J. NAME 455 CREEK LANE DRIVE STREET ADDRESS SHIGHT ADDRESS U00000635711 ENGLEWOOD FL City-St-7IP CITY-ST-7IP 02/23/07-80026-002 150.00 HH ☐ Delete 1016 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Obango Addition NAME STREET ADDRESS STRUET ADDRESS CHY-ST-ZIP CHY-SI-7P ☐ Delete HILL ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY+ST-ZIP CITY-ST-ZIP HILL Defete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET AODRESS CHY-SI-ZIP CHY-SI-ZIP TOTAL ☐ Delete TITLE ☐ Change ☐ AddItion NAM NAMÉ. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 eath; 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.

FILED

SIGNATURE: Rahaf Miller Robert J Miller 242-07 941-474-039