

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L19530

1. Entity Name

**CUSTOM LANDSCAPING AND DESIGNS BY: JEANNE,
INC.**



Principal Place of Business

**3389 SHERIDAN STREET
STE 312
HOLLYWOOD, FL 33021 US**

Mailing Address

**GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 US**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2974286

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOWNE, JEANNE
3389 SHERIDAN STREET
#312
HOLLYWOOD, FL 33021**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000881876
04/18/08-80019-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	TOWNE, JEANNE
STREET ADDRESS	3389 SHERIDAN ST. 312
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 #

JEANNE TOWNE 3-13-08 (954) 410-2425