

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L42567

1. Entity Name
**GREENSCAPE SERVICES-PROFESSIONAL LAWN CARE
CORPORATION**



Principal Place of Business

**8000 FRUITVILLE RD
SARASOTA, FL 34240 US**

Mailing Address

**8000 FRUITVILLE RD
SARASOTA, FL 34240 US**

DO NOT WRITE IN THIS SPACE



05242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0184090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, SHANNON T
2008 BEL AIR STAR PKWY
SARASOTA, FL 34240**

**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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, SHANNON T.
STREET ADDRESS	2008 BEL AIR STAR
CITY- ST- ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	WILSON, SHEILA A
STREET ADDRESS	2008 BEL AIR STAR PKWY
CITY- ST- ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

00000566362
05/30/06-80006-023 550.00

**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 *Shannon T. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON T. WILSON

Date

Daytime Phone #

5/23/06 941-377-8440 Ext 115