

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42567

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** GREENSCAPE SERVICES-PROFESSIONAL LAWN CARE CORPORATION

**Current Principal Place of Business:**

8000 FRUITVILLE RD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

8000 FRUITVILLE RD  
SARASOTA, FL 34240 US

**New Mailing Address:**

**FEI Number:** 65-0184090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WILSON, SHANNON T  
8000 FRUITVILLE ROAD  
SARASOTA, FL 34240 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILSON, SHANNON T.,  
Address: 2008 BEL AIR STAR  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: WILSON, SHEILA A  
Address: 2008 BEL AIR STAR PKWY  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WILSON, SHANNON T.,  
Address: 4721 STONE RIDGE TRAIL  
City-St-Zip: SARASOTA, FL 34232

Title: VP (X) Change ( ) Addition  
Name: WILSON, SHEILA A  
Address: 4721 STONE RIDGE TRAIL  
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON T WILSON

Electronic Signature of Signing Officer or Director

PRES

03/16/2009

Date