## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

## FILED Apr 11, 2007 08:00 A Secretary of State

ANNUAL REPURI					C.
DOCU 1. Entity Nam	MENT # L66444			Secretary of	<b>S</b> 1
	NDSCAPING, INC.				
Principal Plac	e of Business	Mailing Address	·	7	
1413 CAMBE		1413 CAMBRIDGE DR.			
CLEARWATER	₹, FL 34616	CLEARWATER, FL 34616			
	Section 1	Sangara Sangara			
	· · · · · · · · · · · · · · · · · · ·	t t		04042007 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For 59-3017346 Not Applied	
			:	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re	agistered Agent	14	en graphical terror property of	
RENZ, GENE M 1413 CAMBRIDGE DRIVE CLEARWATER, FL 34616			; , '4 þ.;	DO NOT WRITE IN THIS SPACE	
			, ,		
	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	ored agent, or both, in the State of Florida. I am familiar with, and acce	apt
SIGNATURE_	Signature, typed or printed name of registered agent and	dittle if applicable (NOTE: Registers	ed Agent signature required	od when reinstating) DATE	
EII	P 11045H FFF 10 \$450.00	9. Election Campaign Finan	ncino \$5	5.00 May Be	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		ded to Fees	
10.	OFFICERS AND DI	RECTORS		* *	
TITLE NAME	PT RENZ, GENE			***	:
STREET ADDRESS	1413 CAMBRIDGE DR.			The state of the s	: :
CITY-ST-ZIP	CLEARWATER, FL 33756			04/20/07-80020-025_150.00	
TITLE	VPT			04/20/01-00020-065,155.55	, ,
NAME STREET ADDRESS	RENZ , GENE 1413 CAMBRIDGE DR.			· · · · · · · · · · · · · · · · · · ·	٠.
CITY+ST-ZIP	CLEARWATER, FL 33756				
TITLE			1	B. C. Santana and A. Santana and A.	
NAME STREET ADDRESS					1
CITY-ST-ZIP			l	DO NOT WRITE	
TITLE			1	IN THIS SPACE	.3.
NAME			To and	IN THIS SPACE	1
STREET ADDRESS CITY-ST-ZIP			, *		
TITLE		<del></del> -	1	The state of the s	٠,
NAME					
STREET ADDRESS			1	en e	
CITY-ST-ZIP			1, , , ,		; !
TITLE NAME		•	,		
STREET ADDRESS					-
CITY-ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	*: 4
indicated of the cor	i on this report or supplemental report is tr poration or the receiver or trustee empow	rue and accurate and that my signal vered to execute this report as requi	ture shall have the :	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or directer. Florida Statutes; and that my name appears in Block 10 or Block 11	or
changed,	, or on an attachment with an address, wil	h all other like empowered.		1 1	