

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L72361

1. Entity Name
C & S LAWN MAINTENANCE AND LANDSCAPING, INC.



Principal Place of Business

**6611 MOORE STREET
 ORLANDO, FL 32818**

Mailing Address

**6611 MOORE STREET
 ORLANDO, FL 32818**



04152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3055758** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBINO, NICHOLAS J.
 159 LOOKOUT PL.
 STE 101
 MAITLAND, FL 32751**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------|
| TITLE | DP |
| NAME | SHARP, ROBERT |
| STREET ADDRESS | 6611 MOORE ST. |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | DST |
| NAME | BURRIS, BRENDA |
| STREET ADDRESS | 6611 MOORE STREET |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | V |
| NAME | SHARP, COLLEEN |
| STREET ADDRESS | 6611 MOORE ST. |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | V |
| NAME | BURRIS, MICHAEL |
| STREET ADDRESS | 6611 MOORE STREET |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

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 05/23/07-80008-008 150.00

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: *Brenda K Burris* *Brenda K. Burris* Secretary/Treasurer *4-16-07* *407-298-2823*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #