


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L72361 1. Entity Name C & S LAWN MAINTENANCE AND LANDSCAPING, INC.	
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Principal Place of Business 6611 MOORE STREET ORLANDO, FL 32818	Mailing Address 6611 MOORE STREET ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3055758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000943267 05/29/08-80053-003 150.00
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10. OFFICERS AND DIRECTORS

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

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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 4-13-08 407-298-2823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Brenda K. Burris Secretary/Treasurer