2008 FOR PROFIT CORPORATION ANNUAL REPORT

athy Richards

Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # L72477** 1. Entity Name PHOENIX LANDSCAPE, INC. Mailing Address Principal Place of Business PO BOX 960 45014 S.R. 19 **ALTOONA, FL 32702** ALTOONA, FL 32702 CR2E034 (11/05) 02212008 No Chg-P Applied For 4. FEI Number 65-0199237 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDS, THOMAS L. 45014 S.R. 19 ALTOONA, FL 32702 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RICHARDS, THOMAS L. NAME 45014 SR 19 STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 ПΠΕ RICHARDS, KATHRYN NAME 000000837250 03/04/08~80049~018 150.00 STREET ADDRESS 45014 SR 19 CITY-ST-ZIP ALTOONA, FL 32702 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

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