2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State
01-09-2008 90013 010 ***150.00

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1. Entity Name
NATURAL RESOURSES PEST CONTROL TURF & LANDSCAPING SERVICES, INC.

Principal Place of Business
10756 N.E. 4 AVENUE
MIAMI, FL 33161

Mailing Address
10756 N.E. 4 AVENUE
MIAMI, FL 33161

66000755

01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2740073

Applied For
Not Applicable

5. Certificate of Status Desired

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHON, TIMOTHY K.
1110 BRICKELL AVE.
MIAMI, FL 33131

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, 2008 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	MORESCHI, CRAIG J.W.
STREET ADDRESS	10756 N.E. 4 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	MORESCHI, CHRISTINE M.
STREET ADDRESS	10756 N.E. 4 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Christine Moresch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-208
Date

305-754-4460
Daytime Phone #