

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64399

FILED
Apr 08, 2009
Secretary of State

Entity Name: TREASURE COAST LANDSCAPE SERVICES, INC.

Current Principal Place of Business:

9762 87TH PL SOUTH
BOYNTON BEACH, FL 33437

New Principal Place of Business:

9762 87TH PL SOUTH
BOYNTON BEACH, FL 33472

Current Mailing Address:

9762 87TH PL SOUTH
BOYNTON BEACH, FL 33437

New Mailing Address:

9762 87TH PL SOUTH
BOYNTON BEACH, FL 33472

FEI Number: 65-0022619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAISTED, DOUGLAS
17826 PINE NEEDLE TERRACE
BOCA RATON, FL 33437 US

Name and Address of New Registered Agent:

PLAISTED, DOUGLAS
17826 PINE NEEDLE TERRACE
BOCA RATON, FL 33487 US

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.

SIGNATURE:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PLAISTED, DOUGLAS E.
Address: 17826 PINE NEEDLE TERR
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: SMITH, CHARLENE
Address: 17826 PINE NEEDLE TERRACE
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PLAISTED, DOUGLAS E.
Address: 17826 PINE NEEDLE TERR
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change () Addition
Name: SMITH, CHARLENE
Address: 17826 PINE NEEDLE TERRACE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS PLAISTED

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date