

2005 FORT PROUIT CORPORATION ANNUAL REPORT

DOCUMENT # M93937

1. Entity Name
ABOVE ALL LANDSCAPE MAINTENANCE, INC.



FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business
**5150 NW 17TH ST
MARGATE, FL 33063 US**

Mailing Address
**% DAVID VALLETTA
2876 SW 14TH CT
DEERFIELD BEACH, FL 33442**



DO NOT WRITE IN THIS SPACE

03312005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0069518 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VALLETTA, DAVID
2876 SOUTHWEST 14TH COURT
DEERFIELD BEACH, FL 33442**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VALLETTA, DAVID
STREET ADDRESS	2876 SW 14TH CT
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	VP
NAME	VALLETTA, DENISE
STREET ADDRESS	2876 SW 14TH CT.
CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000314874
04/19/05-80012-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 9549697744
Date Daytime Phone #