

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 8:00 am
Secretary of State

03-27-2006 90273 001 ***158.75

DOCUMENT # P00000014677

1. Entity Name

PSL LANDSCAPE SERVICES, INC.



Principal Place of Business

6132 SNOOK CT
PORT SAINT LUCIE FL 34983

Mailing Address

P O BOX 14749
FT PIERCE FL 34979



2. Principal Place of Business

6132 Snook Ct.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14749
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Port St. Lucie, FL

City & State

FT. Pierce, FL

4. FEI Number

65-0999939

Applied For
Not Applicable

Zip

34983

Country

U.S.A.

Zip

34979

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SHELL
900 VIRGINIA AVE STE 15
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name: Joanna Kijewski
Street Address (P.O. Box Number is Not Acceptable)

6132 Snook Ct.

City: Port St. Lucie

FL

Zip Code: 34983

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

Joanna Kijewski, president

3/7/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KJEWSKI, JOANNA E	
STREET ADDRESS	PO BOX 14949	
CITY-ST-ZIP	FT PIERCE FL 34979	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

Joanna Kijewski, president

4/14/06

772 879-3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone