

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037653

FILED
Feb 09, 2005
Secretary of State

Entity Name: FOREVER GREEN LANDSCAPING AND TREE CARE, INC.

Current Principal Place of Business:

2815 55TH AVENUE NORTH
ST. PETERSBURG, FL 33714

New Principal Place of Business:

2815 55TH AVENUE NORTH
ST. PETERSBURG, FL 33714 US

Current Mailing Address:

2815 55TH AVENUE NORTH
ST. PETERSBURG, FL 33714

New Mailing Address:

2815 55TH AVENUE NORTH
ST. PETERSBURG, FL 33714 US

FEI Number: 59-3742850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACFARLAND, GAIL
2815 55TH AVENUE NORTH
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

MACFARLAND, GAIL
5713 16TH AVE SOUTH
GULFPORT, FL 33707 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:

02/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OD () Delete
Name: MACFARLAND, GAIL
Address: 2815 55TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change () Addition
Name: MACFARLAND, GAIL
Address: 5713 16TH AVE SOUTH
City-St-Zip: GULFPORT, FL 33707 US

Title: P () Change (X) Addition
Name: PURETZ, KANDE G
Address: 2815 55TH AVE NORTH
City-St-Zip: ST.PETERSBURG, FL 33714 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAIL MACFARLAND

OD

02/09/2005

Electronic Signature of Signing Officer or Director

Date