

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000051759

1. Entity Name
LIVE OAK LANDSCAPE AND LAWN SERVICE, INC.



FILED
Apr 25, 2007 08:00 AM
Secretary of State

Principal Place of Business
1921 MONTEGO CT.
OLDSMAR FL 34677

Mailing Address
1921 MONTEGO CT.
OLDSMAR FL 34677



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3658893

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLEY, RUSSELL H
1921 MONTEGO CT.
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 - applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WORLEY, RUSSELL H
1921 MONTEGO CT.
OLDSMAR FL 34677 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition
U000000729742
05/08/07-80052-018 150.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WORLEY, LOUISA M
1921 MONTEGO CT.
OLDSMAR FL 34677 ☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP
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CITY ST ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(RUSSELL H. WORLEY)

4/15/07

813-855-9720