2008 FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 16, 2008 08:00 All Secretary of State **DOCUMENT # P00000082312** MARLOWE'S LANDSCAPE AND MAINTENANCE, INC. Principal Place of Business Mailing Address 5617 N.W. 121ST AVENUE 5617 N.W. 121ST AVENUE CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 No Chg-P CR2E034 (11/05) 04052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1040269 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARLOWE, LARRY DO NOT WRITE 5617 NW 121 AVE CORAL SPRINGS, FL 33076 IN THIS SPACE 8. The above named entity submitty 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 gregist PREDIDENT ne of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. fift F NAME MARLOWE, LARRY D STREET ADDRESS 5617 N.W. 121ST AVENUE CITY-ST-ZIP CORAL SPRINGS, FL 33076 ST MARLOWE, TAMARA NAME 5617 N.W. 121ST AVENUE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 954-0-0999-22