## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P00000096705**

1. Entity Name

DOUCET LANDSCAPING, INC.



**FILED** May 08, 2008 08:00 AN Secretary of State

Principal Place of Business

**638 BLENHEIM LOOP** WINTER SPRINGS, FL 32708 Mailing Address

P.O BOX 196486

WINTER SPRINGS, FL 32719-6486



		•	04292000
OC	NOT WRITE	IN THIS SPACE	4 EEI Number

Applied For 59-3680768 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

DAVEY, ESQ., CATHERINE E 431 E. HORATIO AVE.

## DO NOT WRITE

No Chg-P

MAITLANE	), FL 32751		, 	IN	THIS SPACE	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or	r both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registered	Agent signature	required when reinstaling)	a) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT D SIMS, RALEIGH P.O BOX 196486 WINTER SPRINGS, FL 327196486	TORS			000000950130 000000950130	ე.იი
TITLE NAME STREET ADDRESS C17Y-97-21P	DST SIMS, JILL L P.O BOX 196486 WINTER SPRINGS, FL 327196486				UBY OST SO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					I THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				•		

12. Thereby certify that the information supplied with this filling 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 ethowered 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:

TITLE NAME STREET ADDRESS CITY - ST-ZIP