2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114814

City-St-Zip:

MONTICELLO, FL 32345

Entity Name: TOTAL LANDSCAPE SUPPLY, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EFFERSON LLO, FL 3234	4			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 6 MONTICE	97 LLO, FL 3234:	5			
FEI Number:	: 59-3677060	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
165 E DOC	BUCKINGHAM GWOOD ST. LLO, FL 3234	4 US			
	named entity e of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (BESHEARS, HA 2525 S. JEFFE MONTICELLO,	RSON ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (BESHEARS, RO P O BOX 160 MONTICELLO,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC () BESHEARS, THE P O BOX 160) Delete HAD H	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: HALSEY W BESHEARS PD 04/22/2009