

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116110

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: SUN STATE LANDSCAPING OF FT. MYERS, INC.

**Current Principal Place of Business:**

6450 WESTWOOD ACRES ROAD  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

8980 ERIE LANE  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 65-1063509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, CARLOS  
8980 ERIE LANE  
PARRISH, FL 34219 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALVAREZ, CARLOS  
Address: 835 WILDWOOD DR  
City-St-Zip: BARTOW, FL 33830

Title: VPD ( ) Delete  
Name: HAND, RANDALL  
Address: 3540 SR 64 WEST  
City-St-Zip: WACHULA, FL 33873

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CARLOS ALVAREZ

PD

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date