## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 03, 2008 08:00 A Secretary of State **DOCUMENT # P01000011664** TLC LANDSCAPE CONTRACTORS, INC. Principal Place of Business Mailing Address 8039 BLUE SMOKE DR PO BOX 12612 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32317 02222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3343670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLOVER, RICHARD A CPA, PA DO NOT WRITE 1809 MICCOSUKEE COMMONS DR STE 108 TALLAHASSEE, FL 32308 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ÜÜ00000845124 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 03/13/08-80026-019 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Mark mark rate & have been TITLE TISH RALPH F NAME 8039 BLUE SMOKE DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE TISH, DARBY L 8039 BLUE SMOKE DRIVE STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filting 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-08

Daytme Phone #

8508939662

FILED