

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014727

1. Entity Name
METROPOLITAN LANDSCAPING AND YARD DESIGN,
INC.



Principal Place of Business Mailing Address
~~907 MCQUIRE CT.~~ 2038 Lambert Lane ~~907 MCQUIRE CT.~~ 2038 Lambert Lane
TALLAHASSEE, FL ~~32303~~ 32317 TALLAHASSEE, FL ~~32303~~ 32317

FILED

05 MAY 27 AM 10:56

SECRETARY OF STATE



05032005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
03-0499542 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

DONALD, GREGORY I
~~907 MCQUIRE CT.~~ 2038 Lambert Lane
TALLAHASSEE, FL ~~32303~~ 32317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME DONALD, JENNIFER J
STREET ADDRESS ~~907 MCQUIRE COURT~~ 2038 Lambert Lane
CITY-ST-ZIP TALLAHASSEE, FL ~~32303~~ 32317

TITLE P ☐ Delete
NAME DONALD, GREGORY I
STREET ADDRESS ~~907 MCQUIRE COURT~~ 2038 Lambert Lane
CITY-ST-ZIP TALLAHASSEE, FL ~~32303~~ 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jennifer J. Donald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/05 (850) 510-7384
Date Daytime Phone #