

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014727

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



FILED
07 MAY -1 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**400 CAPITAL CIRCLE, SE
SUITE 10
TALLAHASSEE, FL 32301**

Mailing Address
**400 CAPITAL CIRCLE, SE
SUITE 10
TALLAHASSEE, FL 32301**

2. Principal Place of Business - No P.O. Box #
2038 Lambert Lane
Suite, Apt. #, etc.

3. Mailing Address
2038 Lambert Lane
Suite, Apt. #, etc.



04302007 Chg-P CR2E034 (12/06)

City & State
Tallahassee, Florida
Zip
32317
Country
USA

City & State
Tallahassee, Florida
Zip
32317
Country
USA

4. FEI Number
03-0499542
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DONALD, GREGORY I
2038 LAMBERT LANE
TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent

Name
na
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 **Gregory Donald**
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DONALD, JENNIFER J
2038 LAMBERT LANE
TALLAHASSEE, FL 32317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DONALD, GREGORY I
2038 LAMBERT LANE
TALLAHASSEE, FL 32317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
03512 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500101621915
05/04/07--01050--024 **300.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: **Gregory Donald**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07 (850)510-7341
Date Daytime Phone #