

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000017328

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** K.T'S LANDSCAPE & LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

13329 STONE POND DR.  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 54820  
JACKSONVILLE, FL 32245

**New Mailing Address:**

**FEI Number:** 59-3701711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRISH, TIMOTHY M  
4393 CROOKED CREEK DR  
JACKSONVILLE, FL 32224 US

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

PARRISH, TIMOTHY M  
13329 STONE POND DR.  
JACKSONVILLE, FL 32224 US

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: TIMOTHY M PARRISH

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVT  
Name: PARRISH, TIMOTHY M  
Address: P.O. BOX 54820  
City-St-Zip: JACKSONVILLE, FL 32245

Title: S  
Name: PARRISH, LEE  
Address: P.O. BOX 54820  
City-St-Zip: JACKSONVILLE, FL 32245

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY M PARRISH

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date