

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000020394

FILED
Jun 09, 2008
Secretary of State

Entity Name: MATTHEW'S LANDSCAPING AND LAWN MAINTENANCE, INC.

Current Principal Place of Business:

MATTHEW BUCCI
5480 NW EMPRESS CIR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

5480 NW EMPRESS CIR
PORT ST LUCIE, FL 34983

Current Mailing Address:

MATTHEW BUCCI
5480 NW EMPRESS CIR
PORT ST LUCIE, FL 34983

New Mailing Address:

5480 NW EMPRESS CIR
PORT ST LUCIE, FL 34983

FEI Number: 65-1078517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCCI, MATTHEW
5480 NW EMPRESS CIR
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

BUCCI, FRANK
58 MEDITERRANEAN BLVD EAST
PORT SAINT LUCIE, FL 34952 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: FRANK BUCCI

06/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUCCI, MATTHEW
Address: 5480 NW EMPRESS CIR
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUCCI, FRANK
Address: 58 MEDITERRANEAN BLVD EAST
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: FRANK BUCCI

P

06/09/2008

Electronic Signature of Signing Officer or Director

Date