

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90129 012 ***150.00

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1. Entity Name

T & D NURSERY & LANDSCAPING, INC.



Principal Place of Business

4839 S.W. 148TH AVE., STE. 321
DAVIE, FL 33330

Mailing Address

4839 S.W. 148TH AVE., STE. 321
DAVIE, FL 33330

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1096935

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ALESSIO, THOMAS
4839 S.W. 148TH AVE., STE. 321
DAVIE, FL 33330

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME D'ALESSIO, THOMAS
STREET ADDRESS 4839 S.W. 148TH AVE., STE. 321
CITY - ST - ZIP DAVIE, FL 33330

TITLE M
NAME D'ALESSIO, DOMINIC
STREET ADDRESS 4839 S.W. 148TH AVE., STE. 321
CITY - ST - ZIP DAVIE, FL 33330

TITLE S
NAME D'ALESSIO, THOMAS V
STREET ADDRESS 4839 SW 148TH AVE. #321
CITY - ST - ZIP DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS D'ALESSIO president 3/1/05 (954) 658-9604