


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90189 048 ***150.00

DOCUMENT # P01000069611 1. Entity Name DARLENE FALVEY'S LANDSCAPEING SERVICES, INC.					
Principal Place of Business 2100 AVE A FLAGLER BCH, FL 32136			Mailing Address 14 COLERIDGE CT PALM COAST, FL 32137		
2. Principal Place of Business		3. Mailing Address 116 BRUNSWICK LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PALM COAST, FL		4. FEI Number 59-3732574	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32137		USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAPELLI, THOMAS F 14 COLRIDGE CT PALM COASTH, FL 32137				7. Name and Address of New Registered Agent Name DARLENE FALVEY Street Address (P.O. Box Number is Not Acceptable) 116 BRUNSWICK LANE City PALM COAST FL Zip Code 32137	
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 <u><i>Darlene A. Falvey</i></u> 4/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (If "E", Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	D CAPELLI, THOMAS F 14 COLERIDGE CT PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALVEY, DARLENE A 14 COLERIDGE CT PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALVEY, DARLENE A. 116 BRUNSWICK LANE PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Darlene A. Falvey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/05 386-447-4943 <small>Date Daytime Phone #</small>		