

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000074226

1. Entity Name  
E.T. LANDSCAPING PROPERTY SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 30 AM 11:16

Principal Place of Business  
12327 85TH RD. N  
WEST PALM BEACH, FL 33412

Mailing Address  
237 N CHILLINGWORTH DR  
PALM BCH, FL 33409

2. Principal Place of Business - No P.O. Box #

12327 85th Rd N

3. Mailing Address

12327 85th Rd N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062008

Chg-P

CR2E034 (12/06)

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

65-1142447

Applied For

Not Applicable

Zip

33412

Country

Palm Beach

Zip

33412

Country

-

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ET LANDSCAPING PROPERTY SERVICE, INC.  
12327 85TH RD. N.  
WEST PALM BEACH, FL 33412

7. Name and Address of New Registered Agent

Name

ROSEMENE TURENE

Street Address (P.O. Box Number is Not Acceptable)

12327 85th Rd North

City

West Palm Beach

FL

Zip Code

33412

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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
TURENE, ELYSEE  
237 N CHILLINGWORTH DR  
PALM BCH, FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVT  
TURENE, ROSEMENE  
287 N CHILLINGWORTH DR.  
PALM BCH, FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600130927176  
06/05/08--01043--009 \*\*150.00 ☐ Change ☐ Addition

TITLE  
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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:

*Rosemene Turene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6220