## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000002290

Address:

City-St-Zip:

6789 SOUTHERN OAK CT

NAPLES, FL 34109

FILED Feb 10, 2009 Secretary of State

Entity Nar	me: SDG LA	NDSCAPE ARCHITECTS, INC	).		
Current Principal Place of Business:			New Principal Plac	e of Business:	
1865 VETE 204 NAPLES, F	ERANS PARK	(DR			
,	lailing Addre	ec'	New Mailing Addre	see.	
	ERANS PARK		New Maining Addre		
	: 30-0029863	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MCQUAGGE, MICHAEL C 2267 FIRST ST #14 FORT MYERS, FL 33901 US  The above named entity submits this statement for the purpose of the statement for the statem			204 NAPLES, FL 34110	1865 VÉTERANS PARK DR 204 NAPLES, FL 34110 US	
	e of Florida.	Submitte this statement for the	purpose of changing its register	and office of registered agent, or both,	
SIGNATURE: JAMES KIRWIN				02/10/2009	
	Electro	onic Signature of Registered Ag	gent	Date	
Election Car	npaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( KIRWIN, JAM 548 CARPEN' NAPLES, FL	TER COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( GREY, TIMOT 240 NOTTING NAPLES, FL	HAM DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D (2 BEHRNDT, MI	X) Delete CHAEL	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAMES KIRWIN D 02/10/2009