

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90003 043 \*\*\*150.00

**DOCUMENT # P02000029796**

1. Entity Name  
**AVEDON LANDSCAPE, INC.**



Principal Place of Business  
**1817 NW 12TH TERR.  
GAINESVILLE, FL 32609**

Mailing Address  
**1817 NW 12TH TERR.  
GAINESVILLE, FL 32609**

**50054058**



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3032336**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STEWART, WILLIAM  
14818 NW 140TH ST.  
ALACHUA, FL 32615**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCDONALD, CHARLES  
1817 NW 12TH TERR  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MCDONALD, CHARLES  
1817 NW 12 TERR.  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MCDONALD, VICTORIA  
1817 NW 12 TERR.  
GAINESVILLE, FL 32609**

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:**

*Charles Edward McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/24/05*  
Date

*3523739573*  
Daytime Phone #

ATTACHMENT

50057058  
# P02000029796

Charles E McDonald  
President of Cuedon  
Landscape Inc  
1817 NW 12 Terr  
Hainesville FL 32609  
352 373 9573  
6/27/05  
59-3032336

To Whom It May Concern:

With embarrassment and a sense of frustration this is filed after the May 1<sup>st</sup> date after my bookkeeper, William Stewart of Bookkeeping & Tax Center, Alachua FL failed to inform me in time of its due date. Having just received it please accept my apologies for its tardy nature. Having a 10 year plus business relationship with the Bkkeeping & Tax Center feel free to contact them at 386 462 4941.

Charles E McDonald  
Pres of Corp.