

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029859

FILED
Mar 16, 2007
Secretary of State

Entity Name: GREEN CARE LANDSCAPE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 131
ESTERO, FL 33928

New Principal Place of Business:

8243 CALOOSA RD
FT MYERS, FL 33967

Current Mailing Address:

P.O. BOX 131
ESTERO, FL 33928

New Mailing Address:

FEI Number: 65-0639919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEATHERBEE, CAROLYN
3949 EVANS AVE #205
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

WEATHERBEE, CAROLYN
8243 CALOOSA RD
FORT MYERS, FL 33967 US

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.

SIGNATURE: CAROLYN WEATHERBEE

03/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEATHERBEE, CAROLYN
Address: P.O. BOX 131
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: WEATHERBEE, ROBERT
Address: P.O. BOX 131
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CAROLYN WEATHERBEE

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date