2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State
07-17-2006 90145 012 ***150.00

DOCUMENT # P02000057406

1. Entity Name
THOMAS DE GEORGE LANDSCAPE MAINTENANCE, INC.

400995538

Principal Place of Business	Mailing Address
3910 NW 97TH AVE HOLLYWOOD, FL 33024	3910 NW 97TH AVE HOLLYWOOD, FL 33024

07112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
11309 US Hwy 441	11309 US Hwy 441
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Tavares FL	City & State: Tavares FL
Zip: 32778 Country:	Zip: 32778 Country:

4. FEI Number: 47-0871644 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DE GEORGE, THOMAS
3910 NW 97TH AVE
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name: De George, Thomas
Street Address (P.O. Box Number is Not Acceptable): 11309 US HWY 441
City: Tavares FL Zip Code: 32778

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: Thomas Degeorge 7-11-06

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☐ Delete	TITLE	De George, Thomas	☒ Change ☐ Addition
NAME	DE GEORGE, THOMAS		NAME		
STREET ADDRESS	3910 NW 97TH AVE		STREET ADDRESS	11309 US Hwy 441	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	Tavares, FL 32778	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Thomas Degeorge 7-11-06 954 931 1782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #