

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066784

FILED
Apr 21, 2011
Secretary of State

Entity Name: D. M. KOEHN LANDSCAPING INC.

Current Principal Place of Business:

4533 SUNBEAM RD
UNIT #602
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

8863 PHILIPS HWY
UNIT #1
JACKSONVILLE, FL 32256 US

Current Mailing Address:

PO BOX 57685
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 35-2172416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPREE, MARVIN
1511 C PENMAN RD
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KOEHN, DAVID
Address: 7051 DEER LODGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: KOEHN, DAVID
Address: 7051 DEERLODGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: PRES
Name: KOEHN, DAVID
Address: 7051 DEERLODGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256 US

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Name: KOEHN, DAVID
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Name: KOEHN, DAVID
Address: 7051 DEERLODGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: PRES
Name: KOEHN, DAVID
Address: 7051 DEERLODGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID KOEHN

PRES

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date