

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000067801

1. Entity Name

TOTAL LANDSCAPE SERVICE, INC.



Principal Place of Business

1748 JACKS BRANCH ROAD
CANTONMENT, FL 32533

Mailing Address

1748 JACKS BRANCH ROAD
CANTONMENT, FL 32533



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0721205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

H. THOMAS CONLEY
1748 JACKS BRANCH ROAD
CANTONMENT, FL 32533

**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

H. Thomas Conley

Signature, typed or printed name of registered agent and agent applicable

(NOTE: Registered Agent signature required when reinstating)

3-15-05

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

U00000269820
03/19/05-80026-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME H. THOMAS CONLEY
STREET ADDRESS 1748 JACKS BRANCH ROAD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE D
NAME CONLEY, REBECCA L
STREET ADDRESS 1748 JACKS BRANCH ROAD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE D
NAME MORGAN, SHAD P
STREET ADDRESS 1760 JACKS BRANCH RD
CITY-ST-ZIP CANTONMENT, FL 32533

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

850-968-1519

Daytime Phone #