

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000077608**

1. Entity Name  
**OCAMPO LANDSCAPING, INC.**



Principal Place of Business  
**12355 69TH ST N.  
WEST PALM BEACH, FL 33412**

Mailing Address  
**12355 69TH ST N.  
WEST PALM BEACH, FL 33412**



05042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2283143**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

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

**OCAMPO, CARLOS  
5120 SW 6TH CT.  
MARGATE, FL 33068**

**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  
Due by September 7, 2005**

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**

TITLE	PD
NAME	OCAMPO, CARLOS
STREET ADDRESS	5120 SW 6TH CT.
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	T
NAME	OCAMPO, GEORGINA
STREET ADDRESS	5120 SW 6TH CT.
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000370118  
07/05/05-80004-001 158.75

**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:

*Carlos Ocampo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05

Date

861

791-2375

Daytime Phone #