



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90040 040 \*\*\*150.00

<b>DOCUMENT # P02000082605</b> 1. Entity Name <b>A NICE TOUCH LANDSCAPE, INC.</b>					
Principal Place of Business <del>2220 22ND WAY</del> <b>WEST PALM BEACH, FL 33407</b>			Mailing Address <del>2220 22ND WAY</del> <b>WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business - No P.O. Box # <b>6810 19th Avenue S</b> Suite, Apt. #, etc.		3. Mailing Address <b>6810 19th Avenue S</b> Suite, Apt. #, etc.			
City & State <b>Lantana, FL.</b>		City & State <b>Lantana, FL.</b>		4. FEI Number <b>30-0102923</b>	
Zip <b>33462-4004</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCKENNA, JAMES E</b> <b>6810 S 19TH AVENUE</b> <b>LAKE WORTH, FL 33462</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>James E Mck</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u><i>4-30-07</i></u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCKENNA, JAMES E</b> <b>6810 S 19TH AVENUE</b> <b>LAKE WORTH, FL 33462</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6810 19th Avenue S</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SWETTER, JAMES</b> <b>2220 22ND WAY</b> <b>WEST PALM BEACH, FL 33407</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>James E Mck</i></u> DATE: <u><i>4-30-07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					