

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000091655

Entity Name: GMS LANDSCAPING, INC.

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 1743  
LABELLE, FL 33975

**New Principal Place of Business:**

4508 21ST SW  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

P O BOX 1743  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 51-0423465      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, GARY  
4508 21ST SW  
LEHIGH ACRES, FL 33971      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BROWN, GARY  
Address: 4508 21ST SW  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY K BROWN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

04/27/2007

\_\_\_\_\_  
Date