


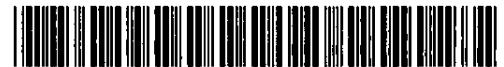
**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000093445</b> 1. Entity Name <b>MAJESTIC LANDSCAPE SERVICES, INC.</b>	
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Principal Place of Business <b>11220 WILES ROAD CORAL SPRINGS, FL 33076</b>	Mailing Address <b>11220 WILES ROAD CORAL SPRINGS, FL 33076</b>
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**DO NOT WRITE IN THIS SPACE**



05212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>74-3062407</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HRENICK, STEVEN  
11220 WILES ROAD  
CORAL SPRINGS, FL 33076**

**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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HOWARD 4856 N.W. 103RD WAY CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HRENICK, STEVEN 11220 WILES ROAD CORAL SPRINGS, FL 33076
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05/31/07-80024-006 550.00

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IN THIS SPACE**

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:** Howard Brown **5.21.07** **954-796-1826**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #