

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-15-2008 90033 011 ***150.00

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1. Entity Name
MAJESTIC LANDSCAPE SERVICES, INC.



Principal Place of Business
11220 WILES ROAD
CORAL SPRINGS, FL 33076

Mailing Address
11220 WILES ROAD
CORAL SPRINGS, FL 33076

66002100



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3062407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PASALODOS, TODD
STREET ADDRESS 12731 PERSIMMON BLVD
CITY-ST-ZIP ROYAL PALM BEACH, FL 334118977

TITLE VSD
NAME HRENICK, STEVEN
STREET ADDRESS 11220 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS, FL 33076

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 954-796-1826

Date

Daytime Phone #