

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000109066

1. Entity Name
LANDSCAPE DESIGN CONCEPTS, INC.



Principal Place of Business
**8600 TROTTERS LANE
PARKLAND, FL 33067**

Mailing Address
**8600 TROTTERS LANE
PARKLAND, FL 33067**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3661331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FESSLER, SUSANNE
8600 TROTTERS LN
PARKLAND, FL 33067**

**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
After May 1, 2007 Fee will be \$550.00**

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
**PTD
FESSLER, CLAUD
8600 TROTTERS LANE
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
FESSLER, SUSANNE
8600 TROTTERS LANE
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000650247
03/08/07-80002-005,150.00

**DO NOT WRITE
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:

Claus Fessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/07
Date

954/6838000
Daytime Phone #