

2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90109 048 ***158.75

DOCUMENT # P02000110693

1. Entity Name

KELLI GREEN LANDSCAPING, INC.



Principal Place of Business

1200 BELLE AVENUE
SUITE 107
WINTER SPRINGS FL 32708

Mailing Address

1200 BELLE AVENUE
SUITE 107
WINTER SPRINGS FL 32708



2. Principal Place of Business - No P.O. Box #

1270 Belle Avenue

Suite, Apt. #, etc.

Suite 113

City & State

Winter Springs Florida

Zip

32708

Country

United States

3. Mailing Address

1270 Belle Ave

Suite, Apt. #, etc.

Suite 113

City & State

Winter Springs FL 32708

Zip

32708

Country

United States

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3570531

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TODTENHAGEN, KENNETH P
1007 CHESTERFIELD CIRCLE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME TODTENHAGEN, KENNETH P
STREET ADDRESS 1007 CHESTERFIELD CIR
CITY- ST- ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE VPS
NAME TODTENHAGEN, KELLI
STREET ADDRESS 1007 CHESTERFIELD CIR
CITY- ST- ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #