

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90191 048 ***150.00

DOCUMENT # P02000124739

1. Entity Name
TOUCH OF PARADISE GARDEN SERVICE, INC.



Principal Place of Business

1514 LEE COURT
LAKE WORTH, FL 33461

Mailing Address

1514 LEE COURT
LAKE WORTH, FL 33461

2. Principal Place of Business - No P.O. Box #
1318 ONTARIO DRIVE

3. Mailing Address
1318 ONTARIO DRIVE

Suite, Apt. #, etc

Suite, Apt. #, etc

03172007

Chg-P

CR2E034 (12/06)

City & State
LAKE WORTH FL 33461

City & State
LAKE WORTH FL 33461

4. FEI Number
01-0756241

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

SPARRELL, LINDA
1514 LEE COURT
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name
LINDA ELLIS
Street Address (P.O. Box Number is Not Acceptable)
1318 ONTARIO DRIVE
City LAKE WORTH FL Zip Code 33461

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 resigning)

DATE

4/17/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SPARRELL, LINDA	
STREET ADDRESS	1514 LEE COURT	
CITY-STATE-ZIP	LAKE WORTH, FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA ELLIS	
STREET ADDRESS	1318 ONTARIO DRIVE	
CITY-STATE-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

LINDA ELLIS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 561-906-1766

Date

Daytime Phone #