**FILED**
**May 12, 2008 8:00 am**
**Secretary of State**
04-07-2008 90036 007 ***150.00

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000005931

1. Entity Name
CCE LANDSCAPE SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 103 NW 2 AVE.<br>FORT LAUDERDALE, FL 33311 | 1457 NW 53RD ST.<br>FORT LAUDERDALE, FL 33334 |

66010479

01082008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | 103 NW 2 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: FT. LAUDERDALE FL |
| Zip / Country | Zip / Country |

4. FEI Number: 71-0926440 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| EDEWAARD, CLARENCE<br>103 NW 2 AVE<br>FORT LAUDERDALE, FL 33311 | Name:<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>~~EDWARD, CLARENCE~~ EDEWAARD, CLARENCE<br>103 NW 2 AVE<br>FORT LAUDERDALE, FL 33311 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>~~COSMANO, RICHARD~~ COSMANO, RICHARD<br>103 NW 2 AVE<br>FORT LAUDERDALE, FL 33311 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** _____ 5/6/08 954-523-3615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #