

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000040320

Entity Name: LANDSCAPE SCIENCES, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1205 GROVELAND DR.  
CHULUOTA, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

1205 GROVELAND DR.  
CHULUOTA, FL 32766

**New Mailing Address:**

FEI Number: 57-1172911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LITVANY, MICHAEL A  
1205 GROVELAND DR.  
CHULUOTA, FL 32766 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LITVANY, MICHAEL A  
Address: PO BOX 660222  
City-St-Zip: CHULOUTA, FL 32766

Title: CP  
Name: LITVANY, MICHAEL A  
Address: PO BOX 660222  
City-St-Zip: CHULOUTA, FL 32766

Title: ST  
Name: LITVANY, MICHAEL A  
Address: PO BOX 660222  
City-St-Zip: CHULOUTA, FL 32766

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. LITVANY

CEO

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date