2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with, all other like empowered.

NO TYPED OR PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2008 8:00 am DOCUMENT # P03000080867 **Secretary of State** 1. Entity Name 02-11-2008 90043 042 ***150.00 S W LANDSCAPING SERVICE, INC. Principal Place of Business Mailing Address 930 BARON RD ORLANDO FL 32828 930 BARON RD ORLANDO FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 110 SHORELINE AVE. 110 SHORELINE AUE. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 20-0105343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA 32189 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EARL J. HEISEY WILKERSON, LEANN Street Address (P.O. Box Number is Not Acceptable) 930 BARON RD 110 SHORELINE AVE. ORLANDO FL 32828 Zip Code 22/89 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 (NOTE: Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ח ☐ Delete TITI F PRESIDENT ☐ Addition EARL S. HEISEY NAME WILKERSON, SUZANNE NAME 930 BARON RD STREET ADDRESS 110 SHORELINE AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP TS ☐ Delete TITLE TITLE Change ☐ Addition NAME WILKERSON, LEANN NAME STREET ADDRESS 930 BARON RD STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-2IP TITLE Delete TITLE Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. Thereby certify that the information supplied with this filling 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

FILED