2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091707

Entity Name: LANDSCAPE BY PALMIERI, INC

805 NW WATERLILY PLACE

JENSEN BEACH, FL 34957

Address:

City-St-Zip:

FILED Mar 29, 2008 Secretary of State

y					
Current Principal Place of Business:			New Principal Place of Business:		
368 NW ALICE AVE STUART, FL 34994				1280 NE BUSINESS PARK PLACE JENSEN BEACH, FL 34957	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
368 NW ALICE AVE STUART, FL 34994			P. O. BOX 704 JENSEN BEACH, FL 34958		
FEI Number	: 56-2388724 FEI Numbe	er Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ANGELO, PALMIERI 805 NW WATERLILY PLACE JENSEN BEACH, FL 34957 US			805 NW WATER	PALMIERI, ANGELO PRES 805 NW WATERLILY PLACE JENSEN BEACH, FL 34957 US	
	named entity submits this e of Florida.	statement for the p	ourpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE: ANGELO PALMIERI				03/29/2008	
	Electronic Signature	e of Registered Ag	ent	Date	
Election Car	npaign Financing Trust Fund	Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete PALMIERI, ANGELO 805 NW WATERLILY PLACE JENSEN BEACH, FL 34957		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () Delete PALMIERI, SUSAN R 805 NW WATERLILY PLACE JENSEN BEACH, FL 34957		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete PALMIERI, SUSAN R 805 NW WATERLILY PLACE JENSEN BEACH, FL 34957		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T () Delete PALMIERI, ANGELO		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANGELO PALMIERI PRES 03/29/2008