

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-16-2007 90122 032 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000126564

1. Entity Name
MORRIS LANDSCAPING SERVICE, INC.



Principal Place of Business
5327 SW 52 TER
GAINESVILLE, FL 32608

Mailing Address
5327 SW 52 TER
GAINESVILLE, FL 32608

66021077



07082007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0346472

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEFFIELD, MORRIS
5327 SW 52 TERRACE
GAINESVILLE, FL 32608

**DO NOT WRITE
IN THIS SPACE**

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

Morris D. Sheffield

Signature, typed or printed name of registered agent and date applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHEFFIELD, MORRIS
5327 SW 52 TER
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Morris D. Sheffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS SHEFFIELD 8-15-07

Date

Daytime Phone #

352-375-9970