

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90073 010 ***150.00

DOCUMENT # P03000128234

1. Entity Name
SAM'S LANDSCAPING, INC.



Principal Place of Business
**2741 BORROUGHS RD.
MIDDLEBURG, FL 32068**

Mailing Address
**2741 BORROUGHS RD.
MIDDLEBURG, FL 32068**

50065814



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09072005

Chg-P

CR2E034 (10/03)

4. FEI Number
32-0098607

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

**BLOOMER, GEORGE M III
4429 C R 218 W
MIDDLEBURG, FL 32068**

Name **Samuel J. Solomon**

Street Address (P.O. Box Number is Not Acceptable)
2741 Borroughs Rd

City **Middleburg**

FL

Zip Code
32068

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 **Samuel J. Solomon** *Samuel J. Solomon* **09/07/05**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SOLOMON, SAMUEL**
STREET ADDRESS **2741 BORROUGHS RD.**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Samuel J. Solomon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/05

Date

(904) 866-8783

Daytime Phone #