

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90026 048 ***150.00

DOCUMENT # P03000131970

1. Entity Name

HOSANNAH LANDSCAPING, INC.



Principal Place of Business

5560 ARNOLD PALMER DR.
512
ORLANDO FL 32811
US

Mailing Address

5560 ARNOLD PALMER DR.
512
ORLANDO FL 32811
US



2. Principal Place of Business

5560 ARNOLD PALMER DR.
PALMER DRIVE

3. Mailing Address

5560 ARNOLD PALMER DR.
PALMER DRIVE

1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

512

Suite, Apt. #, etc.

512

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

42-1609227

Applied For

Not Applicable

Zip

32811

Country

ORANGE

Zip

32811

Country

ORANGE

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENN, GAVIN O
5560 ARNOLD PALMER DR.
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BENN, GAVIN
STREET ADDRESS 5560 ARNOLD PALMER DR.
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/15/05

ATTACHMENT

50056503

Hosannah Landscaping Inc.

Telephone / Fax 407 290 2501
E-mail - Bennqo218@aol.com

5560 Arnold Palmer Dr. # 512
Orlando, FL. 32811

7/15/2005

Division Of Corporations
Annual Report Section
P.O Box 6850
Tallahassee, FL.32314

Dear Sir or Madam:

I am hereby requesting a waiver of the late fee for the following reason:

I have only just today Friday, 07/15/05 received the form Document # PO3000131970
I have not received any other notification for filing and as such am now responding to this request.
I have enclosed a check for \$150.00 as advised by one of your agents.

Yours truly


Gavin Benn