2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P03000140623 LANDCO LANDSCAPE & MAINTENANCE, INC. Principal Place of Business Mailing Address POST OFFICE BOX 8546 POST OFFICE BOX 8546 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 No Chg-P CR2E034 (11/05) 02152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2408716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LLOYD, WILLIAM DO NOT WRITE 1007 SÉ 5TH COURT DEERFIELD BEACH, FL 33441 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and late if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000935226 OFFICERS AND DIRECTORS 10. 05/23/08-80064-009 150.00 TITLE LLOYD, WILLIAM NAME STREET ADDRESS 1007 SE 5TH COURT DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED 4/5