

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142320

FILED
Apr 11, 2007
Secretary of State

Entity Name: ORNAMENTAL LANDSCAPE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 1541
NICEVILLE, FL 32588 US

New Principal Place of Business:

400 DAVENPORT AVE.
VALPARAISO, FL 32580 US

Current Mailing Address:

P.O. BOX 1541
NICEVILLE, FL 32588 US

New Mailing Address:

FEI Number: 20-0430258 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, MARK W
P.O. BOX 1541
NICEVILLE, FL 32588 US

Name and Address of New Registered Agent:

JONES, MARK W
400 DAVENPORT AVE.
VALPARAISO, FL 32580 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/11/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, MARK W
Address: P.O. BOX 1541
City-St-Zip: NICEVILLE, FL 32588 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARK W. JONES

Electronic Signature of Signing Officer or Director

OWNE

04/11/2007

Date