


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90005 019 ***157.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # P03000143755 1. Entity Name LANDSCAPE DEVELOPMENT SERVICES, INC. | | | |  | |
| Principal Place of Business 5900 DEWEY STREET HOLLYWOOD, FL 33023 US | | | Mailing Address 5900 DEWEY STREET HOLLYWOOD, FL 33023 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 77-0617630 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RATLIFF, TODD H 5900 DEWEY STREET HOLLYWOOD, FL 33023 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PRES | | TITLE | | |
| NAME | RATLIFF, TODD HENRI <input type="checkbox"/> Delete | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 5900 DEWEY STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33023 | | CITY-ST-ZIP | | |
| TITLE | Vice President <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Kristopher Dale Ratliff | | NAME | | |
| STREET ADDRESS | 5900 Dewey St | | STREET ADDRESS | | |
| CITY-ST-ZIP | Hollywood, FL 33023 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> 7/27/06 954-962-0220 </div> <small>Date Daytime Phone #</small> | | |

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