

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145500

1. Entity Name
ALL STAR LANDSCAPE COMPANY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 15 AM 10:34

Principal Place of Business
2811 ELDERBERRY LANE
TALLAHASSEE, FL 32309

Mailing Address
2811 ELDERBERRY LANE
TALLAHASSEE, FL 32309



2. Principal Place of Business
P.O. Box 12171
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 12171
Suite, Apt. #, etc.

09062005 Chg-P CR2E034 (10/03)

City & State
Tallahassee, FL
Zip 32301-7 Country USA

City & State
Tallahassee, FL
Zip 32317 Country USA

4. FEI Number 51-0491011 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, BRIAN J
2181 PORTSMOUTH CIRCLE
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3812 Cottingham Dr.
City Tallahassee, FL Zip Code 32303

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) 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

TITLE P
NAME BAILEY, BRIAN J
STREET ADDRESS 2181 PORTSMOUTH CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3812 Cottingham Dr.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/12/05 Daytime Phone #