


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90182 040 ***150.00

DOCUMENT # P03000154113		
1. Entity Name S & L LANDSCAPING, INC.		

Principal Place of Business 475 MONTGOMERY PL ALTAMONTE SPRINGS, FL 32714	Mailing Address 475 MONTGOMERY PL ALTAMONTE SPRINGS, FL 32714
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40050209



2. Principal Place of Business - No P.O. Box # 428 Longwood Circle Suite, Apt. #, etc.	3. Mailing Address P. O. Box 5464 Suite, Apt. #, etc.
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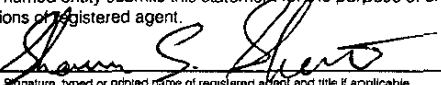
03142007 Chg-P CR2E034 (12/06)

City & State Longwood, FL	City & State Deltona, FL
Zip 32750	Country USA
Zip 32725	Country USA

4. FEI Number 20-0482321	Applied For Not Applicable
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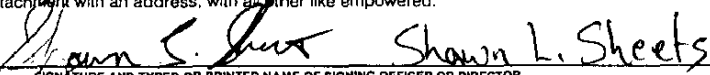
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLEY, GOLDBERG, LEACH & COHNPL 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Shawn Sheets Street Address (P.O. Box Number is Not Acceptable) 428 Longwood Circle City Longwood FL Zip Code 32750
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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 the registered agent.	
SIGNATURE: 	DATE: 4-2-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHEETS, SHAWN L 475 MONTGOMERY PL ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Sheets, Shauwn L P. O. Box 5464 Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHEETS, LORI A 475 MONTGOMERY PL ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 any other like empowered.	
SIGNATURE:  Shawn L. Sheets	DATE: 4-2-07 DAYTIME PHONE #: 386-216-3064