

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 022 ***158.75

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1. Entity Name

CARTER'S LANDSCAPING & PROPERTY MAINTENANCE, INC.



Principal Place of Business

1702 NW 5TH AVENUE
HOMESTEAD FL 33030

Mailing Address

1702 NW 5TH AVENUE
HOMESTEAD FL 33030

2. Principal Place of Business - No P.O. Box #

29765 SW 164 Place

3. Mailing Address

29765 SW 164 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33033

Country

USA

Zip

33033

Country

USA

4. FEI Number

20-0553360

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, BRADLEY J
1702 NW 5TH AVENUE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

29765 SW 164 Place

Homestead

City

FL

Zip Code

33033

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

(Signature, typed or printed name of registered agent and one of the following)

(NOTE: Registered Agent signature required when terminating)

DATE

2-26-2008

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CARTER, BRADLEY J
STREET ADDRESS 1702 NW 5TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 29765 SW 164 Place
CITY-ST-ZIP Homestead, Florida 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2008

Date

Daytime Phone #