2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED -Apr 09, 2007 08:00 A Secretary of State

ANNUAL REPORT					Apr 09, 2007 08:			
	MENT # P04000029	191			S	ecretary	of S	
1. Entity Nan	ne NERATION LANDSCAPING,							
SINGEN	NERATION LANDSCAPING,	ino.						
Principal Plac	ce of Business	Mailing Address .						
	THWEST 177TH AVE	PO BOX 1627						
HOMESTEAD), FL 33031	HOMESTEAD, FL 33090						
							<u> </u>	
			1					
	NOT WOITE	IN THE CDA	CE.	01232007	No Chg-P	CR2E034 (11/05)		
L	O NOT WRITE	IN THIS SPA	CE .	4. FEI Number		——————————————————————————————————————	lied For	
		1,	F.	16-1692	2327		Applicable	
				5. Certificate of	of Status Desired	S8.75 Addit Fee Required	ional	
	6. Name and Address of Current R	Registered Agent		i i i	The Property of	ar white me the		
NEIBAUR	& ASSOCIATES, P A, CPA'S		. ` `	D.O.				
10720 CAIBBEAN BLVD					NOT WR		* 1 1,	
STE 440 MIAMI, FL 33189				IN T	HIS SPA	CE	•	
INIAWI, I L 33109							4	
0 Th					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or both	n, in the State of Florida	i. I am tamiliar with, a	nd accept	
SIGNATURE.								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Register)	ed Agent signature required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campa Trust Fund Cont				.00 May Be ed to Fees				
10.	OFFICERS AND D	DIRECTORS						
TITLE	PTD IACON				4000006 8	RIAR T		
NAME STREET ADDRESS	HELMS, JASON 27655 SOUTHWEST 177TH AVE				04/17/07-80)089-002 iso	0.00	
CITY-ST-ZIP	HOMESTEAD, FL 33031			. 1	page 1		14	
TITLE			1	σ ₁₄ .	**************************************		~	
NAME STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP				' 41 "	Just Francis	Medical School	ia.	
TITLE		*****	- ₽ ,	i. Seleni				
NAME			4	, +65			in the second	
STREET ADDRESS					NOT WR	ITE		
CITY-ST-ZIP							1 4	
TITLE NAME			1	IN T	HIS SPA	\CE ⊹}		
STREET ADDRESS					and the same of th			
CITY-ST-ZIP				The g				
TITLE			Part of the state					
NAME STREET ADDRESS				, was a state of				
CITY-ST-ZIP	,			. 1	AND THE PARTY OF T		e g	
TITLE			1		را ⁷ اما رسم در بهدا د معر	al Sangilla San Assaria	* * .>	
NAME				*	the state of the s			

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 by 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/07

305-248-4492

Daytime Phone #