

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038237

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: SOUTH LANDSCAPE MAINTENANCE, INC.

**Current Principal Place of Business:**

416 NORTH WESTERN AVENUE  
ALTAMONTE SPRINGS,, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

416 NORTH WESTERN AVENUE  
ALTAMONTE SPRINGS,, FL 32714

**New Mailing Address:**

FEI Number: 43-2045310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ULLOA, KETTY  
1361 ANDES DRIVE  
WINTER SPRINGS, FL 32792 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ORELLANA, ALBERTO  
Address: 416 NORTH WESTERN AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: ORELLANA, LUCIA C  
Address: 416 NORTH WESTERN AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: ORELLANA, JULIA M  
Address: 5102 CINDERLANE PARKWAY APT.321  
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO ORELLANA

P

04/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date