2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400039509

1. Entity Name

JOHN SHAKRA LANDSCAPE SERVICES INC.



Principal Place of Business

4441 N. SAVANNAH ROAD JENSEN BEACH, FL 34957 Mailing Address

4441 N. SAVANNAH ROAD JENSEN BEACH, FL. 34957

FILED Apr 02, 2007 08:00 AM Secretary of State

Daytime Phone #



DO NOT WRITE IN THIS SPACE

03262007 No Chg-P		CR2E034 (11/05)		
4, FEI Number			Applied For	
56-2446	888			Not Applicable
5. Certificate o	f Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHAKRA, JOHN J 4441 N. SAVANNAH ROAD JENSEN BEACH, FL 34957

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees	000000686791 04/10/07-80013-023 150.00			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAKRA, JOHN J 4441 N. SAVANNAH ROAD JENSEN BEACH, FL 34957							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
THTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE 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 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 chapter 607, or on an attachment with an address, with all other like empowered.								

NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPED OR PRINTE