

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043643

1. Entity Name
P&F LANDSCAPING INC.



Principal Place of Business
PO BOX 400981
JACKSONVILLE, FL 32222

Mailing Address
PO BOX 400981
JACKSONVILLE, FL 32222

FILED
Sep 15, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1219433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRADSTREET, PATRICIA A
6121 COLLINS RD
LOT 193
JACKSONVILLE, FL 32244

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRADSTREET, PATRICIA A MS
STREET ADDRESS 6121 COLLINS RD LOT 193
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE P
NAME STATEN, FREDDIE L
STREET ADDRESS 6121 COLLINS RD LOT 193
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000959706
09/15/08-80003-012 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Patricia Bradstreet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2008
Date

Daytime Phone #