

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052209

**FILED**  
**Jan 22, 2007**  
**Secretary of State**

**Entity Name:** SOUTHERN EXPOSURE LANDSCAPE SERVICES INC

**Current Principal Place of Business:**

1181 NW 130 AVENUE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

5030 SW 163RD AVENUE  
SOUTHWEST RANCHES, FL 33331 US

**Current Mailing Address:**

1181 NW 130 AVENUE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

5030 SW 163RD AVENUE  
SOUTHWEST RANCHES, FL 33331 US

**FEI Number:** 20-0908985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSHALL, MICHELLE  
1181 NW 130 AVENUE  
PEMBROKE PINES, FL 33028 US

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

MCLEOD, PATRICIA PRES  
5030 SW 163RD AVENUE  
SOUTHWEST RANCHES, FL 33331 US

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: PATRICIA MCLEOD

01/22/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARSHALL, MICHELLE  
Address: 1181 NW 130 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP ( ) Delete  
Name: MARSHALL, ROBERT  
Address: 1181 NW 130 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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

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

Title: P (X) Change ( ) Addition  
Name: MCLEOD, PATRICIA  
Address: 5030 SW 163RD AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

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

Title: SCTY ( ) Change (X) Addition  
Name: MARSHALL, MICHELLE  
Address: 1181 NW 130 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PATRICIA MCLEOD

PRES

01/22/2007

Electronic Signature of Signing Officer or Director

Date