2008 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90142 011 ***150.00

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1. Entity Name
LANDSCAPES USA OF S.W. FLA., INC.

Principal Place of Business	Mailing Address
2614 N. TAIMIAMI TRAIL PMB 510 NAPLES, FL 34103	COSTELLO & ROYSTON P.O. BOX 60205 FT. MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	C/O JOHN M. WICKER, P.A.
Suite, Apt. # etc	Suite, Apt ~~P.O. DRAWER 60205~~ FORT MYERS, FL 33906
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 43-2049786 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., STE. 101 FT. MYERS, FL 33907	Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City / Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPT ☐ Delete	☐ Change ☐ Addition
NAME	WARD, DAVID A	
STREET ADDRESS	~~12595 LAKESHORE~~ 1455 Railhead Blvd suite 7	
CITY-ST-ZIP	~~ROMEO, MI 49065~~ Naples, FL 34110	
TITLE	DVPS ☐ Delete	☐ Change ☐ Addition
NAME	PAVLAK, GEORGE	
STREET ADDRESS	12595 LAKESHORE	
CITY-ST-ZIP	ROMEO, MI 49065	
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #