

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 032 ***150.00

DOCUMENT # P04000073200

1. Entity Name

EDEN LANDSCAPING SERVICES, INC.



Principal Place of Business

11204 KITTRELL LN
JACKSONVILLE FL 32220

Mailing Address

11204 KITTRELL LN
JACKSONVILLE FL 32220

2. Principal Place of Business - No P.O. Box #

11204 Kittrell Lane

Suite, Apt. #, etc.

3. Mailing Address

11204 Kittrell Lane

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32220

Country

United States

Zip

32220

Country

United States

4. FEI Number

90-0187025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLISON, DAMASCUS LEE
11204 KITTRELL LN
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name

Damascus Lee Ellison

Street Address (P.O. Box Number is Not Acceptable)

11204 Kittrell Lane

City

Jacksonville

FL

Zip Code

32220

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

Damascus Lee Ellison

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

March 22, 2007

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ELLISON, DAMASCUS LEE
11204 KITTRELL LN
JACKSONVILLE FL 32220 ☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Damascus Lee Ellison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2007 (904) 612-267

Date

Daytime Phone #