

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2005-90133-023-S\$50.00-S\$50.00

DOCUMENT # P04000077297 1. Entity Name ALEJO LANDSCAPING MAINTENANCE COMPANY	
--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 4581 SE RYE AVENUE ARCADIA FL 34266	Mailing Address PO BOX 1648 NOCATEE FL 34268
-----------------------------------------------------------------------	----------------------------------------------------

FILED

05 OCT 14 11:11:19



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State	City & State
Zip	Country

4. FEI Number 20-115120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAUGHTREY, DIANE 6816 SW CR 769 ARCADIA FL 34269	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ALEJO, PAUL
STREET ADDRESS	4581 SE RYE AVENUE
CITY-ST-ZIP	ARCADIA FL 34266
TITLE	VP,S <input type="checkbox"/> Delete
NAME	ALEJO, RAQUEL
STREET ADDRESS	4581 SE RYE AVEUNE
CITY-ST-ZIP	ARCADIA FL 34266
TITLE	- <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raquel E. Alejo Date: 8/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR