


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 041 ***150.00

DOCUMENT # P04000077889																																																																																																																																																					
1. Entity Name ULTIMATE LANDSCAPING AND LAWN MAINTENANCE, INC.																																																																																																																																																					
Principal Place of Business 2230 HIDDEN TRAIL NEW SMYRNA BEACH, FL 32168			Mailing Address 2230 HIDDEN TRAIL NEW SMYRNA BEACH, FL 32168																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 6584 ENGRAM Rd		3. Mailing Address 6584 Engram Rd																																																																																																																																																			
Suite, Apt. #, etc. UNIT D-503		Suite, Apt. #, etc. Unit D-503																																																																																																																																																			
City & State New Smyrna Beach		City & State New Smyrna Beach																																																																																																																																																			
Zip 32169		Country USA		Zip 32169																																																																																																																																																	
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6. Name and Address of Current Registered Agent STIRES, JON 2230 HIDDEN TRL NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6584 Engram Rd Unit D-503 City New Smyrna Beach FL Zip Code 32169																																																																																																																																																		
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 <u><i>Jon Stires</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/29/07</u>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P STIRES, JON</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6584 ENGRAM Rd UNIT D-503</td> <td style="width: 30%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2230 HIDDEN TRAIL</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">New Smyrna Bch, FL 32169</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NEW SMYRNA BEACH, FL 32168</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FL 32169</td> <td 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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: <u><i>Jon Stires</i></u> DATE <u>4/29/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					