2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090367

FILED Apr 26, 2005 Secretary of State

Entity Name: GREENSCAPE ENVIRONMENTAL SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 501 SCENIC HWY HAINES CITY, FL 33844 **Current Mailing Address: New Mailing Address:** 501 SCENIC HWY HAINES CITY, FL 33844 FEI Number: 20-1243566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. US LAWNS OF HAINES CITY 501 SCENIC HWY 1840 SW 22ND ST. 4TH FLOOR HAINES CITY, FL 33844 US MIAMI, FL 33145 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: KRISTIN SWINBURNE 04/26/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition SWINBURNE, KRISTIN L Name: Name: 501 SCENIC HWY Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: Title: () Delete Title: () Change () Addition SWINBURNE, DAVID A Name: Name: 501 SCENIC HWY Address: Address: HAINES CITY, FL 33844 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTIN SWINBURNE PSTD 04/26/2005