

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000090367

1. Entity Name
GREENSCAPE ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
**501 SCENIC HWY
HAINES CITY, FL 33844**

Mailing Address
**501 SCENIC HWY
HAINES CITY, FL 33844**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1243566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**US LAWN OF HAINES CITY
501 SCENIC HWY
HAINES CITY, FL 33844**

**DO NOT WRITE
IN THIS SPACE**

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 *Kristin Swinburne*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

2/8/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**PSTD
SWINBURNE, KRISTIN L
501 SCENIC HWY
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SWINBURNE, DAVID A
501 SCENIC HWY
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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02/23/06-80024-017 150.00

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IN THIS SPACE**

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 filers empowered.

SIGNATURE: *Kristin Swinburne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #