

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 034 ***150.00

DOCUMENT # P04000117098

1. Entity Name

C&G LANDSCAPING, INC.



Principal Place of Business

9806 SE LANDING PLACE
TEQUESTA FL 33469

Mailing Address

9806 SE LANDING PLACE
TEQUESTA FL 33469



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

20-1548923

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORBES, PHILIP H ESQ.
11382 PROSPERITY FARMS RD., SUITE 227
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Frank Cagliardi

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

9806 SE Landing Pl

City

Tequesta

FL

Zip

33469

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

Frank Cagliardi

Frank Cagliardi

4/11/07

Signature, typed or printed name of registered agent and filer, applicable

(NOTE: Registered Agent signature required when reinstating)

(Filer)

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

T	<input type="checkbox"/> Delete
NAME	GAGLIARDI, FRANK
STREET ADDRESS	9806 SE LANDING PLACE
CITY, ST, ZIP	TEQUESTA FL 33469
P	<input type="checkbox"/> Delete
NAME	COLOZZO, PAUL
STREET ADDRESS	8984 SW BONNEVILLE
CITY, ST, ZIP	STUART FL 34997
	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> 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:

Frank Cagliardi

Frank Cagliardi

4/11/07

561 222 7409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #