

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000121906

1. Entity Name
ALL CARE LANDSCAPING INC.



Principal Place of Business
**334 WEST F ST
FROSTPROOF, FL 33843 US**

Mailing Address
**334 WEST F ST
FROSTPROOF, FL 33843 US**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1774003

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SCARBOROUGH, JAMES B PRES.
334 WEST F
FROSTPROOF, FL 33843**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1000000427402
05/21/08-802079-012 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCARBOROUGH, JAMES B PRES.
STREET ADDRESS	334 WEST F ST
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	VP
NAME	LEECH, SCOT C VP
STREET ADDRESS	261 RACCOON TR.
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	SEC.
NAME	SCARBOROUGH, TINA M SEC.
STREET ADDRESS	334 WEST F ST
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE: X *James B Scarborough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 *863 632-0637*
Date Daytime Phone #