

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 047 ***158.75

DOCUMENT # P04000123943

1. Entity Name
FLORIDA LANDSCAPE DOCTOR, INC.



Principal Place of Business *96 Bridge dr.* Mailing Address
509 SOUTH ATLANTIC AVENUE *Interlachen, FL* **PO BOX 1129**
INTERLACHEN, FL 32148 *32148* **PALATKA, FL 32178**

40100000



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-1607054** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTINE, R. KEITH
509 SOUTH ATLANTIC AVENUE → *96 Bridge dr.*
INTERLACHEN, FL 32148 *Interlachen, FL*
32148

**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 *R. Keith Valentine* *R. Keith Valentine* - *Pres/Sec, Trans* *4/28/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **VALENTINE, R. KEITH**
STREET ADDRESS **144 LAKE EDGE TR**
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE **ST**
NAME **VALENTINE, KEITH R**
STREET ADDRESS **144 LAKE EDGE TR**
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE **V**
NAME **VALENTINE, JOHN T JR**
STREET ADDRESS **2035 WILLIAMS RD**
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE: *R. Keith Valentine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 *386-684-2042*
Date Daytime Phone #