2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State
01-07-2005 90015 036 ***150.00

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1. Entity Name
TREEMENDOUS LANDSCAPE HEALTHCARE AND PEST CONTROL INC.

Principal Place of Business	Mailing Address
25550 S.W. 147 AVE HOMESTEAD, FL 33032	25550 S.W. 147 AVE HOMESTEAD, FL 33032

New Address

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
35250 SW 177 CT.	35250 SW 177 CT
Suite, Apt. #, etc. #99	Suite, Apt. #, etc. #99
City & State Homestead Fl.	City & State Homestead Fl.
Zip 33034 Country U.S.A.	Zip 33034 Country

4. FEI Number 02-0730606 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUSINESS FILINGS INCORPORATED 660 E. JEFFERSON ST. TALLAHASSEE, FL 32301	Name: Using Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SOLLY, JAMES 25550 S.W. 147 AVE HOMESTEAD, FL 33032 ☑ Delete New Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Solly, James 35250 SW 177 CT. #99 Homestead Fl. 33034 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SOLLY, ALEXIS 35250 S.W. 177 CT #99 HOMESTEAD, FL 33034 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: James R Solly 1-4-05 786-256-9087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #