2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State **DOCUMENT # P04000140580** 1. Entity Name 05-02-2007 90104 029 ***150.00 ENSSLIN LANDSCAPE MAINTENANCE, INC. Principal Place of Business Mailing Address **4624 KINGS POINT COURT** 4624 KINGS POINT COURT LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1754734 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENSSLIN, DAVID B Street Address (P.O. Box Number is Not Acceptable) **4624 KINGS POINT COURT** LAKELAND, FL 33813 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00? After May 1, 2007 Fee will be \$550.00? Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ■ Addition **ENSSLIN, DAVID B** NAME NAME STREET ADDRESS **4624 KINGS POINT COURT** STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Delete ■ Addition TIFLE TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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

with an address, with all other like empowered

changed, or on an attachment

SIGNATURE:

FILED