

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90024 012 \*\*\*150.00

**DOCUMENT # P04000144731**

1. Entity Name  
**DE-VINE LANDSCAPES, INC.**



Principal Place of Business

**2495 S MARION AVE  
LAKE CITY, FL 32025**

Mailing Address

**P O BOX 854  
LAKE CITY, FL 32056-0854**

**40052265**



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0771669**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent.

**STEINBERG, ALICIA MARLENE**  
~~2495 S MARION AVE~~ **738 Riva Ridge Drive**  
~~LAKE CITY, FL 32025~~ **Crestview, FL 32539**

**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)

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	PD
NAME	STEINBERG, ALICIA MARLENE
STREET ADDRESS	2495 S MARION AVE
CITY-ST-ZIP	LAKE CITY, F: 32025
TITLE	VPD
NAME	SEDMERA, JOSEPH FRANK
STREET ADDRESS	P O BOX 854
CITY-ST-ZIP	LAKE CITY, FL 320560854
TITLE	PD
NAME	Steinberg, Alicia Marlene
STREET ADDRESS	738 Riva Ridge Drive
CITY-ST-ZIP	Crestview, FL 32539
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 and am not a trustee or partner in the corporation; that I am not a resident of the State of Florida; that I am not a resident of the State of Florida; 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:

*Joseph Frank Sedmera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mar 10, 2008**

Date

**386 961 1005**

Daytime Phone #