

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144731

Entity Name: DE-VINE LANDSCAPES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2495 S MARION AVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P O BOX 854
LAKE CITY, FL 320560854

New Mailing Address:

FEI Number: 76-0771669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEINBERG, ALICIA MARLENE
738 RIVA RIDGE DRIVE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEINBERG, ALICIA MARLENE
Address: 2495 S MARION AVE
City-St-Zip: LAKE CITY, F; 32025

Title: VPD () Delete
Name: SEDMERA, JOSEPH FRANK
Address: P O BOX 854
City-St-Zip: LAKE CITY, FL 320560854

Title: PD () Delete
Name: MARLENE, STEINBERG A
Address: 738 RIVA RIDGE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEINBERG, ALICIA MARLENE
Address: 738 RIVA RIDGE DRIVE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: VPD (X) Change () Addition
Name: SEDMERA, JOSEPH F MR
Address: P O BOX 854
City-St-Zip: LAKE CITY, FL 32056 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FRANK SEDMERA, JR

VPD

04/29/2009

Electronic Signature of Signing Officer or Director

Date