

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90178 031 ***150.00

DOCUMENT # P04000158321					
1. Entity Name DEFILIPPIS LANDSCAPING, INC.					
Principal Place of Business 10495 HAMPTON DRIVE BOCA RATON, FL 33434			Mailing Address 18999 BISCAYNE BLVD STE # 205 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 10128 CALUMET LANE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKEWORTH FL		City & State		4. FEI Number 20-1908280	
Zip 33467		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFILIPPIS, ANTHONY 10495 HAMPTON DRIVE BOCA RATON, FL 33434			7. Name and Address of New Registered Agent 18999 BISCAYNE BLVD, # 205 AVENTURA FL Zip Code 33180		
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: <u>Anthony Defilippis</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3-29-07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DEFILIPPIS, ANTHONY STREET ADDRESS 10495 HAMPTON DRIVE CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE X Change <input type="checkbox"/> Addition NAME 10128 CALUMET LANE STREET ADDRESS LAKEWORTH, FL 33467 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DEFILIPPIS, ANTHONY STREET ADDRESS 10495 HAMPTON DRIVE CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE X Change <input type="checkbox"/> Addition NAME 10128 CALUMET LANE STREET ADDRESS LAKEWORTH, FL 33467 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Anthony Defilippis</u>			<u>3-29-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		