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FILED
Apr 29, 2005 8:00 am
Secretary of State
03-30-2005 90031 006 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66014205

DOCUMENT # P04000162896

1. Entity Name
GREEN EXPECTATIONS LANDSCAPE, INC.

Principal Place of Business	Mailing Address
3105 62ND AVENUE VERO BEACH, FL 32966	3105 62ND AVENUE VERO BEACH, FL 32966

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
641 16th STREET	V
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach FL	City & State
Zip: 32965 Country: USA	Zip Country

4. FEI Number: 54-2172196 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, DARRELL
641 16TH STREET
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
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: Darrell Peterson 4/27/05
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, 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	P PETERSON, DARRELL 641 16TH STREET VERO BEACH, FL 32960	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DELA CRUZ, ROBERT J 3105 62ND AVENUE VERO BEACH, FL 32966	☑ Delete	☑ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ 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: Darrell Peterson 3/24/05 (772) 473-3084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66014205

#P04000162896

FROM :PERUGINI CONSTRUCTION FAX NO. :7727785815 Apr. 20 2005 03:05PM P2

Form **SS-4** (Rev. December 2000) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested: Green Expectations Landscape, Inc. — 59-2172196 (4/22/05 FAX)

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name: Darrell J. Peterson

4a Mailing address (room, apt., suite no. and street, or P.O. box)

4b City, state, and ZIP code: Vero Beach, FL 32966

5a Street address (if different) (Do not enter a P.O. box.): 6411 67th STREET

5b City, state, and ZIP code: Vero Beach, FL 32967

6 County and state where principal business is located: Indian River - Florida

7a Name of principal officer, general partner, grantor, owner, or trustor: Darrell J. Peterson

7b SSN, ITIN, or EIN: 590-05-6622 (SSN)

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☑ Partnership
- ☑ Corporation (enter form number to be filed) ▶ 1120S
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶

- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises
- Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: ____ Foreign country: ____

9 Reason for applying (check only one box)

- ☐ Started new business (specify type) ▶ ____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ____
- ☑ Changed type of organization (specify new type) ▶ from sole to partner + S corporation
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year): 2-10-05

11 Closing month of accounting year: Dec. 04

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 2005 FEB

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶ Agricultural: 2 Household: ____ Other: ____

14 Check one box that best describes the principal activity of your business.

- ☑ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Wholesale-other
- ☐ Retail
- ☑ Other (specify) lawn maint/

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

Dumpsters, New construction landscape, lawn maintance

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ ____ Trade name ▶ ____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) ____ City and state where filed ____ Previous EIN ____

Third Party Designee

Designee's name ____ Designee's telephone number (include area code) ( )

Address and ZIP code ____ Designee's fax number (include area code) ( )

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Darrell J. Peterson / President

Applicant's telephone number (include area code) (772) 473-3084

Signature ▶ Darrell J. Peterson Date ▶ 4-20-05

Applicant's fax number (include area code) (772) 778-9815

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2000)

147C

ATTACHMENT #P04000162896

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ **See separate instructions for each line.** ▶ **Keep a copy for your records.**

EIN 660142O5

OMB No. 1545-0003

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Green Expectations Landscape, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Darrell J. Peterson

4a Mailing address (room, apt., suite no. and street, or P.O. box)
[redacted] 11 11

5a Street address (if different) (Do not enter a P.O. box.)
641 16th STREET

4b City, state, and ZIP code
Vero Beach, Fl. 32968

5b City, state, and ZIP code
Vero Beach, FL 32965

6 County and state where principal business is located
Indian River - Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Darrell J. Peterson

7b SSN, ITIN, or EIN
590-05-6622 (SSN)

8a **Type of entity** (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☑ Partnership
- ☐ Corporation (enter form number to be filed) ▶ ____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: ____ Foreign country: ____

9 **Reason for applying** (check only one box)

- ☐ Started new business (specify type) ▶ ____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ____
- ☑ Changed type of organization (specify new type) ▶ from sole to partner & S corporation
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10 Date business started or acquired (month, day, year)
2-10-05

11 Closing month of accounting year
Dec. 04

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* . . . . . ▶

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-."* . . . . . ▶

Agricultural	Household	Other
2		

14 Check **one** box that best describes the principal activity of your business.

- ☑ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale–agent/broker ☐ Wholesale–other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) lawn maint/

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Dumpsters, New construction landscape, lawn maintance

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . ☐ **Yes** ☑ **No**
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ ____ Trade name ▶ ____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
	( )
Address and ZIP code	**Designee's fax number (include area code)**
	( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code): (772) 473-3084

Name and title (type or print clearly) ▶ Darrell J. Peterson / President

Applicant's fax number (include area code): (772) 778-9815

Signature ▶ Darrell J. Peterson Date ▶ 4-20-05