

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163645

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** TOUCH OF PARADISE LANDSCAPING, INC.

**Current Principal Place of Business:**

661 COUNTY RD. 205  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1428  
BUNNELL, FL 32110

**New Mailing Address:**

**FEI Number:** 59-3789938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNIGHT, JERRY C.  
4721 E. MOODY BLVD., BLDG.5  
SUITES 505 & 506  
BUNNELL, FL 32110 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: DPST ( ) Delete  
Name: VANNOY, SAMUEL  
Address: 145 ULLIAN TRAIL APT. B  
City-St-Zip: PALM COAST, FL 32164

Title: DVP ( ) Delete  
Name: TILTON, SAMUEL J. III  
Address: 544 COUNTY ROAD 205  
City-St-Zip: BUNNELL, FL 32110

Title: DVP ( ) Delete  
Name: TILTON, JERALD W.  
Address: 1026 COUNTY ROAD 205  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** SAMUEL VANNOY

DPST

04/10/2007

Electronic Signature of Signing Officer or Director

Date