

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-09-2005 90035 037 ***158.75

DOCUMENT # P04000170748 1. Entity Name AIELLO LANDSCAPE OF VERO BEACH, INC.					
Principal Place of Business 4370 U.S. HIGHWAY 1 VERO BEACH FL 32967			Mailing Address 4370 U.S. HIGHWAY 1 VERO BEACH FL 32967		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2101904	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART FL 34996				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> </div>					
<div style="display: flex;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P/D AIELLO, TOMAS J 4370 U.S. HIGHWAY 1 VERO BEACH FL 32967			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
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 <i>Tomas J. Aiello</i> TOMAS J. AIELLO 2-22-05 772.360.5380 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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1st MOORE CR2E034 (10/04)