

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047589

FILED
Mar 14, 2008
Secretary of State

Entity Name: COMMERCIAL LANDSCAPE SOLUTIONS, INC.

Current Principal Place of Business:

701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 322043342

New Principal Place of Business:

701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 322043343 US

Current Mailing Address:

701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 322043342

New Mailing Address:

701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 322043342 US

FEI Number: 54-2170316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIKER, PAMELA L
701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 322043342 US

Name and Address of New Registered Agent:

WIKER, PAMELA L
701 RIVERSIDE PARK PLACE, SUITE 310
JACKSONVILLE, FL 322043343 US

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:

03/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/C () Delete
Name: GRAHAM, HENRY H JR.
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: P () Delete
Name: BRYIE, SAMUEL
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: V/D () Delete
Name: HODGES, DAVID C JR
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: S/D () Delete
Name: MATHENY, LAWRENCE M JR
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: T/D () Delete
Name: CURRY, JEFFERY S
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204 US

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:

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 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: HENRY H. GRAHAM, JR.

CD

03/14/2008

Electronic Signature of Signing Officer or Director

Date