

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000052620

1. Entity Name
NEW IMAGE LAWN AND LANDSCAPING INC.



Principal Place of Business
**4111 LOUIS AVE
UNIT 43
HOLIDAY, FL 34690**

Mailing Address
**4111 LOUIS AVE
UNIT 43
HOLIDAY, FL 34690**



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0227363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIFFO, H. VINCENT
3207 DONINGTON CASTLE LN
LAND O LAKES, FL 34638**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000666010
03/23/07-80052-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIFFO, H. VINCENT
STREET ADDRESS	2207 DONINGTON CASTLE LN
CITY-ST-ZIP	LAND O LAKES, FL 34638

TITLE	V
NAME	GRIFFO, JOSEPHINA
STREET ADDRESS	2207 DONINGTON CASTLE LN
CITY-ST-ZIP	LAND O LAKES, FL 34638

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 (277)772-8135
Date Daytime Phone #