2007 FOR PROFIT CORPORATION

Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000058905 04-23-2007 90134 001 ***317.50 1. Entity Name SHATTUCK LAWN & LANDSCAPE, INC. Principal Place of Business Mailing Address **441 HARTLEY STREET** 441 HARTLEY STREET MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3629947 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCKER HAUSLER, GARY J Street Address (P.O. Box Number is Not Acceptable) 950 N COLLIER BLVD SUITE 301 204 MARCO ISLAND, FL 34145 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TOTLE ☐ Delete ☐ Channe ■ Addition SHATTUCK, KEVIN NAME NAME STREET ADDRESS **441 HARTLEY STREET** STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition SHATTUCK, GERTRUDE NAME NAME STREET ADDRESS **441 HARTLEY STREET** STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHATTUCK, WAYNE H NAME NAME STREET ADDRESS **441 HARTLEY STREET** STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP TITLE ☐ Delete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachgient with an address, with all other like empowered.

SIGNATURE

239-389-b244

FILED