

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075467

FILED
Mar 12, 2012
Secretary of State

Entity Name: TROPICAL LANDSCAPE DESIGN & SERVICES, INC

Current Principal Place of Business:

11525 MURCOTT WAY
LAND O LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

11525 MURCOTT WAY
LAND O LAKES, FL 34638

New Mailing Address:

FEI Number: 59-3805227 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLBROOK, MARY ELLEN B
11525 MURCOTT WAY
LAND O LAKES, FL 34638 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

OFFICERS AND DIRECTORS:

Title: D
Name: HOLBROOK, R. ANTHONY
Address: 11525 MURCOTT WAY
City-St-Zip: LAND O LAKES, FL 34638

Title: P
Name: HOLBROOK, RALPH A
Address: 11525 MURCOTT WAY
City-St-Zip: LAND O' LAKES, FL 34638

Title: V
Name: HOLBROOK, RALPH A
Address: 11525 MURCOTT WAY
City-St-Zip: LAND O' LAKES, FL 34638

Title: S
Name: HOLBROOK, MARY ELLEN B
Address: 11525 MURCOTT WAY
City-St-Zip: LAND O' LAKES, FL 34638

Title: T
Name: HOLBROOK, MARY ELLEN B
Address: 11525 MURCOTT WAY
City-St-Zip: LAND O' LAKES, FL 34638

Title: TR
Name: HOLBROOK, MARY ELLEN B
Address: 11525 MURCOTT WAY
City-St-Zip: LAND O' LAKES, FL 34638

I hereby 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 all other like empowered.

SIGNATURE: MARY ELLEN BUECHEL HOLBROOK

S

03/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date