

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90051 024 ***150.00

DOCUMENT # P05000077154

1. Entity Name
STEGAR LANDSCAPE, INC.



Principal Place of Business
726 HUNTER ST
W PALM BEACH, FL 33405

Mailing Address
726 HUNTER ST
W PALM BEACH, FL 33405

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

15830 92ND WAY N
Suite, Apt. #, etc.

15830 96ND WAY N
Suite, Apt. #, etc.

City & State

City & State

JUPITER FL

JUPITER FL

Zip

Country

Zip

Country

33478

FL

33478

FL

4. FEI Number
43-2105041

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

MORALES, EDUARDO
726 HUNTER ST
W PALM BEACH, FL 33405

Name

Street Address (P.O. Box Number is Not Acceptable)

15830 92ND WAY N

City

JUPITER

FL

Zip Code

33478

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

2/14/07

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MORALES, EDUARDO
STREET ADDRESS 726 HUNTER ST
CITY-ST-ZIP W PALM BEACH, FL 33405

TITLE ☒ Change ☐ Addition
NAME 15830 92ND WAY N
STREET ADDRESS JUPITER FL 33478
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO MORALES 2/14/07

Date

Daytime Phone #