

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 17, 2008 8:00 am  
Secretary of State**

01-17-2008 90020 034 \*\*\*150.00

DOCUMENT # P05000117992

1. Entity Name  
G & S LANDSCAPING, INC.



Principal Place of Business  
343 MAHOGANY DRIVE  
KEY LARGO, FL 33037

Mailing Address

PO BOX 1810  
ISLAMORADA, FL 33036



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

3. Mailing Address

343 Mahogany Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Largo FL

Zip

Zip

33037

Country

USA

01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-3349464

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOY, SUSANNE  
343 MAHOGANY DRIVE  
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

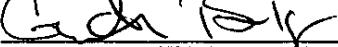
9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOY, GUNTER F JR 343 MAHOGANY DRIVE KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOY, SUSANNE 343 MAHOGANY DRIVE KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

Jan 5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #