

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003289

Entity Name: DEEP ROOTS LANDSCAPING, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

6826 16 TH STREET
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

39925 TOWNSEND RD
DADE CITY, FL 33525

Current Mailing Address:

6826 16 TH STREET
ZEPHYRHILLS, FL 33542

New Mailing Address:

39925 TOWNSEND RD
DADE CITY, FL 33525

FEI Number: 20-4081713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAGLIONE, JOSEPH J PRES
6826 16 TH STREET
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

WADE, DANNY R PRES
39925 TOWNSEND RD
DADE CITY, FL 33525 US

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: DANNY WADE

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCAGLIONE, JOSEPH
Address: 6826 16 TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP () Delete
Name: WADE, BOBBY
Address: 6826 16 TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TREA () Delete
Name: SCAGLIONE, JOSEPH
Address: 6826 16 TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SEC () Delete
Name: WADE, BOBBY
Address: 6826 16 TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WADE, DANNY
Address: 39925 TOWNSEND RD
City-St-Zip: DADE CITY, FL 33525

Title: VP (X) Change () Addition
Name: WADE, SHANNON
Address: 39925 TOWNSEND RD
City-St-Zip: DADE CITY, FL 33525

Title: TREA (X) Change () Addition
Name: WADE, SHANNON
Address: 39925 TOWNSEND RD
City-St-Zip: DADE CITY, FL 33525

Title: SEC (X) Change () Addition
Name: WADE, DANNY
Address: 39925 TOWNSEND RD
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANNY WADE

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date