2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 07, 2007 8:00 am Secretary of State DOCUMENT # P06000021951 04-20-2007 90096 031 ***150.00 1. Entity Name JUPITER ISLAND LANDSCAPE OF SOUTH FLORIDA. UUV * ~ ~ ~ Principal Place of Business Mailing Address 15777 JUPITER FARMS ROAD JUPITER FL 33478 15777 JUPITER FARMS ROAD JUPITER FL 33478 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 500 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2F034 (10/06) City & State City & State 4. FEI Number Applied For eaul Not Applicable Zip Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DERGHAM, GHADA 15777 JUPITER FARMS ROAD Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 Zip Code 8. The above named only 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 ag-SIGNATURE 2 red agent And title r applicable (NOTE: Pegishirod Agent signorina reduced when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detele 1011 Addition ☐ Change DERGHAM, GHADA NAME NAME 15777 JUPITER FARMS ROAD STREET ADDRESS SINET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY ST ZIP HILLE Delete BILL Change Addition NAM! NAMI STREET ADDRESS STRUCT ADDRESS CITY ST-ZIP CITY - ST - ZiP HPL □.pejete.... Admition NAME NAME STREET ADORESS STREET ADDRESS CiTY - \$1 - 71P CHTY - S1 - Z1P ME Defete ☐ Chance ☐ Addition MAME NAME STREET ADDRESS STRIET ADDRESS CITY-SI-ZIP CRY St-789 IITLE Delete THILE Change ☐ Addition STREET ADDRESS SIBELL ADDRESS CITY-SI-ZIP CITY-SI-70 шш Delete Change Addition NAME NAME STREET ADDRESS STRUUT ADDRESS CITY+S1-7IP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 eath; 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 a compowered. SIGNATURE: -SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR