
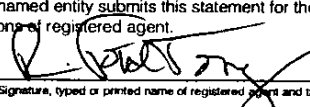
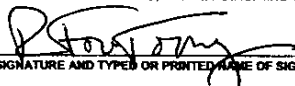


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90023 019 ***150.00

DOCUMENT # P06000022113 1. Entity Name TRUSCAPES LANDSCAPING, INC.			
Principal Place of Business P.O. BOX 1621 SANTA ROSA BEACH, FL 32459 US		Mailing Address P.O. BOX 1621 SANTA ROSA BEACH, FL 32459 US	
2. Principal Place of Business - No P.O. Box # 110 CHELSEY LANE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1577 Suite, Apt. #, etc.	
City & State SANTA ROSA BEACH, FL Zip 32459 Country USA		City & State SANTA ROSA BEACH, FL Zip 32459 Country USA	
4. FEI Number 20-4327391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORREY, RANDALL F JR. 1542 BAYTOWN AVENUE E DESTIN, FL 32550		7. Name and Address of New Registered Agent Name TORREY, RANDALL F JR. Street Address (P.O. Box Number is Not Acceptable) 110 CHELSEY LANE City SANTA ROSA BEACH FL Zip Code 32459	
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  DATE 7.23.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORREY, RANDALL F JR. P.O. BOX 1621 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 CHELSEY LANE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORREY, RANDALL F JR. P.O. BOX 1621 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 CHELSEY LANE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 7.23.07 Daytime Phone # 850.541.4759	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			