## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P06000030281 04-18-2007 90180 016 \*\*\*150.00 COUNTYWIDE TREE AND LANDSCAPING, INC. Principal Place of Business Mailing Address **625 NORTH LEVIS AVENUE** 625 NORTH LEVIS AVENUE 400 TAROPN SPRINGS, FL 34689 TAROPN SPRINGS, FL 34689 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1331 Lenton Rose Court 1331 Lenton Rose Court Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State Trinity. FZ 20-4407515 Trinity, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USÁ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIMONETOS, GEORGE \_\_ Street Address (P.O. Box Number is Not Acceptable) 625 N. LEVIS AVENUE TAROPN SPRINGS, FL 34689 Zip Code 34655 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Р TITLE ☐ Delete TITLE Change ☐ Addition NAME HIMONETOS, GEORGE NAME 1331 Lenton Rose Court STREET ADDRESS 625 N. LEVIS AVENUE STREET ADDRESS CITY-ST-7IP TARPON SPRINGS, FL 34689 CITY-ST-ZIP Trivity, FL 34655 Addition TITLE ☐ Delete TITLE ☐ Change Pete Spiridis NAME NAME STREET ADDRESS STREET ADDRESS 10431 Peppergrass Court CITY-ST-ZIP CITY-ST-ZIP Trinity, FL 34655 ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this lining 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**