2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053139

Entity Name: TOTAL CARE LANDSCAPE & DESIGN. INC

FILED Apr 30, 2007 Secretary of State

Entity Name: TOTAL CA	ARE LANDSCAPE & DESIGN	, INC.		
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
15394 MYRTLE ST FORT MYERS, FL 33908	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
15394 MYRTLE ST FORT MYERS, FL 33908	US			
FEI Number: 20-4696636	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
CORTES, VICKIE L 15394 MYRTLE ST FORT MYERS, FL 33908	US			
The above named entity so in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
	c Signature of Registered Age	ent	Date	
Election Campaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: CORTES, VICKII Address: 15394 MYRTLE		Title: P Name: CORTES, VI Address: 15394 MYRT		

FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition SANGSTER, BRYAN R SANGSTER, BRYAN R Name: Name: Address: 15580 FERN DRIVE Address: 15394 MYRTLE ST FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US City-St-Zip: City-St-Zip: Title:

Title: S () Delete Title: () Change () Addition Name: CORTES, VICKIE L Name:

 Name
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 Name

 Address:
 15394 MYRTLE ST
 Address:

 City-St-Zip:
 FORT MYERS, FL 33098 US
 City-St-Zip:

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: VICKIE CORTES P 04/30/2007