

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90050 042 ***150.00



DOCUMENT # P06000055591
 1. Entity Name
AMERICAN LANDSCAPE AND LABOR INC.

Principal Place of Business Mailing Address
6044 TIMBERWOOD CIR. #230 **6044 TIMBERWOOD CIR. #230**
FORT MYERS, FL 33908 US **FORT MYERS, FL 33908 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
14401 N.W. 89 Street **14401 NW 89 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Alachua, FL **Alachua, FL**
 Zip Country Zip Country
32615 **USA** **32615** **USA**

01152007 Chg-P CR2E034 (12/06)

4. FEI Number **84-1709113** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



8. Name and Address of Current Registered Agent
SCHWINN, CHRISTINA H ESQ
PAVESE LAW FIRM
1833 HENDRY ST.
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	CLARKE, DONALD	
STREET ADDRESS	6044 TIMBERWOOD CIR. #230	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	CLARKE, DONALD	
STREET ADDRESS	6044 TIMBERWOOD CIR. #230	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, DONALD	
STREET ADDRESS	6044 TIMBERWOOD CIR. #230	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Donald C. Clarke **Donald C. Clarke** 0115107 239-223-1647
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #