

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90162 023 ***150.00

DOCUMENT # P06000058363

1. Entity Name
CALADESI LANDSCAPING & MAINTENANCE, INC.



Principal Place of Business
5534 TROPIC DRIVE
NEW PORT RICHEY, FL 34653

Mailing Address
5534 TROPIC DRIVE
NEW PORT RICHEY, FL 34653

2. Principal Place of Business - No P.O. Box #

705 A East Bay Dr
Apt # 242

City & State
Largo FL

Zip Country
33770 USA

3. Mailing Address

705 A East Bay Dr
Apt # 242

City & State
Largo FL

Zip Country
33770 USA

4



04172008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0177807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT W JR.
5534 TROPIC DRIVE
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name
Miller, Robert W. Jr.
Street Address (P.O. Box Number is Not Acceptable)
705 A East Bay Dr.
Apt # 242
City
Largo FL Zip Code
33770

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MILLER, ROBERT W JR. 5534 TROPIC DRIVE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MILLER, VIRGINIA L 5534 TROPIC DRIVE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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: Robert W. Miller Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 727-430-6793

Date

Daytime Phone #