

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90093 011 ***150.00

DOCUMENT # P06000060865

1. Entity Name
DREAM SCAPES LANDSCAPING AND DESIGN, INC.



Principal Place of Business
**6437 N.E. DOUGLAS TERR
ARCADIA, FL 34266**

Mailing Address
**6437 N.E. DOUGLAS TERR
ARCADIA, FL 34266**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-5444462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASADY, JAMES E SR
6437 N.E. DOUGLAS TERR
ARCADIA, FL 34266**

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

Signature, typed or printed name of registered agent and (if so) applicable.

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NIETO, MICHAEL	
STREET ADDRESS	6437 N.E. DOUGLAS TERR.	
CITY- ST- ZIP	ARCADIA, FL 34266	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAVER, TERRY	
STREET ADDRESS	6437 N.E. DOUGLAS TERR.	
CITY- ST- ZIP	ARCADIA, FL 34266	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASADY, JAMES	
STREET ADDRESS	6437 N.E. DOUGLAS TERR.	
CITY- ST- ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAVER, CARRIE	
STREET ADDRESS	6437 N.E. DOUGLAS TERR.	
CITY- ST- ZIP	ARCADIA, FL 34266	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

(863) 494-7881

Daytime Phone #