

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-09-2007 90041 046 ***150.00

DOCUMENT # P06000061412			
1. Entity Name A-PARADISE LANDSCAPE OF PALM COAST, INC.			
Principal Place of Business 1876 N. UNIVERSITY DRIVE SUITE 200-E PLANTATION, FL 33322		Mailing Address 1876 N. UNIVERSITY DRIVE SUITE 200-E PLANTATION, FL 33322	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-4783865		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASHOFKY AND ASSOCIATES, PA 1876 N. UNIVERSITY DRIVE SUITE 200-E PLANTATION, FL 33322		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 _____ (Signature of current registered agent must be filed if applicable) (NOTE: Registered Agent signature required when certifying) 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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PRUITT, JODY 1876 N. UNIVERSITY DRIVE #200-E PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PRUITT, SHERI 1876 N. UNIVERSITY DRIVE 200-E PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:		3/26/07 386-569-6771	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	