2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067725

Name:

Address: City-St-Zip: CARPENTER, VINCENT

889 HAMILTON DR., #K

HOMESTEAD, FL 33034 US

Entity Name: ECOLOGIC LANDSCAPE DESIGN INC.

FILED Mar 18, 2009 Secretary of State

Littly Nai	ine. ECOLOGI	C LAINDSCAFE DESIGN, INC	J .		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
889 HAMILTON DR., #K HOMESTEAD, FL 33034			889 HAMILTON DR K HOMESTEAD, FL 3		
Current M	lailing Addres	s:	New Mailing Addre	New Mailing Address:	
889 HAMILTON DR., #K HOMESTEAD, FL 33034			889 HAMILTON DR K HOMESTEAD, FL 3		
FEI Number:	: 20-4947641	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CARPENTER, VINCENT 889 HAMILTON DR., #K HOMESTEAD, FL 33034 US The above named entity submits this statement for the purpose			889 HAMILTON DR K HOMESTEAD, FL 3	K HOMESTEAD, FL 33034 US	
in the State	e of Florida. ⊃⊏			03/18/2009	
SIGNATUR		ic Signature of Registered Ag	ent		
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () THOMPSON, SO 889 HAMILTON HOMESTEAD, F	DR., #K	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CARPENTER, V 889 HAMILTON HOMESTEAD, F	DR., #K	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: VINCENT M CARPENTER ST 03/18/2009