


FILED
Aug 03, 2007 8:00 am
Secretary of State

05-17-2007 90035 048 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000071723			
1. Entity Name HEATHER WHITLEY LANDSCAPE & IRRIGATION, INC.			
Principal Place of Business 250 MARRIAN ROAD KENANSVILLE, FL 34739 US		Mailing Address 250 MARRIAN ROAD KENANSVILLE, FL 34739 US	
2. Principal Place of Business - No P.O. Box # 250 Lake Marian Rd.		3. Mailing Address 250 Lake Marian Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kenansville, FL		City & State Kenansville, FL	
Zip 34739		Zip 34739	
Country US		Country US	
4. FEI Number 20-4909609		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITLEY, HEATHER 250 MARRIAN ROAD KENANSVILLE, FL 34739		7. Name and Address of New Registered Agent Name Whitley, Heather Street Address (P.O. Box Number is Not Acceptable) 250 Lake Marian Rd City Kenansville FL Zip Code 34739	
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: <u>Heather Whitley</u> DATE: <u>5/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P WHITLEY, HEATHER 250 MARRIAN ROAD KENANSVILLE, FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Lake Marian Road Kenansville, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITLEY, HEATHER 250 MARRIAN ROAD KENANSVILLE, FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Lake Marian Road Kenansville, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WHITLEY, HEATHER 250 MARRIAN ROAD KENANSVILLE, FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Lake Marian Road Kenansville, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 affidavit, with all other persons covered.			
SIGNATURE: <u>Heather Whitley</u>		Date: <u>5/1/07</u> (607) 709-0391	

ATTACHMENT 06020734

#P 06000071723

Heather Whitley Landscape & Irrigation Inc.

D/b/a EnviroScapes

P.O. Box 701860

Saint Cloud, FL 34770-1860

July 20, 2007

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Via: U.S. Certified Mail 7004 0750 0002 5143 4671

Re: Late Fee

To Whom It May Concern:

I filed 2007 for Profit Corporation Annual Report for my company, Heather Whitley Landscape & Irrigation, Inc. on May 1 2007. To ensure proof of delivery, I mailed the report using certified mail with postmark receipt, as I know your department works on a time-sensitive bases. (Receipt enclosed.)

In yesterday's mail I received the enclosed letter. As you are aware I had 30 days from the date of the letter making it make the corrections and return.

I am requesting to have the imposed penalty waived because neither you nor I have anyway of proving when I receive this letter. Being a corporation is detrimental to my business and I would have responded in the allotted time.

Thank you, for you time and consideration in this matter.

Sincerely,



Heather Whitley
President/CEO

enc: Copy of Postal receipt—Annual Report
Correspondence requesting additional information
Corrected Copy of 2007 for Profit Corporation Annual Report.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p>B. Received by (Printed Name) DEPT. OF STATE</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>MAY 04 2007</p> <p>CLEARED</p>	
<p>1. Article Addressed to:</p> <p>Division of Corporation P.O. Box 6198 Jallahassee, FL 32014</p>		<p>Date of Delivery 66020734</p> <p>#PO6000071723</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label)</p> <p>7004 0750 0002 5143 4657</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Reference # PO6000071723