

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90090 034 \*\*\*150.00

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05072007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000078572</b> 1. Entity Name <b>IMMOKALEE LANDSCAPE, INC.</b>					
Principal Place of Business <b>895 TIPPINS TERRACE</b> <b>IMMOKALEE, FL 34142 US</b>			Mailing Address <b>P.O. BOX 99</b> <b>IMMOKALEE, FL 34143 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>30-0365409</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AYALA, ARMANDO</b> <b>895 TIPPINS TERRACE</b> <b>IMMOKALEE, FL 34142</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST AYALA, ARMONDO 895 TIPPINS TERRACE IMMOKALEE, FL 34142		<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	D AYALA, ARMANDO 895 TIPPINS TERRACE IMMOKALEE, FL 34142		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5-7-07</b> Daytime Phone #		

ATTACHMENT

66018.128

# P06000078572

MARTHA D. WILLIAMS, INC.  
Martha D. Williams  
508 Washington Avenue  
Immokalee, FL 34142  
239-657-3710

MAY 7, 2007

REGARDING: ANNUAL REPORT FOR  
IMMOKALEE LANDSCAPES INC

REASONABLE CAUSE FOR LATE FILING

THE ATTACHED FORM WAS FILED LATE BECAUSE THE ACCOUNTANT HAS ILLNESS IN THE FAMILY. MY MOTHER HAS AND IS VERY ILL. THEREFORE NO ONE WAS IN MY OFFICE TO TAKE CARE OF ANY ONE COMING IN ON APRIL 30 TO FILE THEIR REPORT.

PLEASE EXCUSE THIS CLIENT FOR FILING LATE. THIS ALSO WAS HIS FIRST YEAR FOR FILING THIS REPORT.

SINCERELY,

*M D Williams*

MARTHA D WILLIAMS