

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000102508

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** MCAULIFFE LANDSCAPE SOLUTIONS, INC.

**Current Principal Place of Business:**

3206 CHELSEA ST  
ORLANDO, FL 32803

**New Principal Place of Business:**

2809 NORFOLK RD  
ORLANDO, FL 32803

**Current Mailing Address:**

3206 CHELSEA ST  
ORLANDO, FL 32803

**New Mailing Address:**

2809 NORFOLK RD  
ORLANDO, FL 32803

**FEI Number:** 20-5303951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCAULIFFE, TIMOTHY M  
3206 CHELSEA ST  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

MCAULIFFE, TIMOTHY M  
2809 NORFOLK RD  
ORLANDO, FL 32803 US

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.

SIGNATURE:

02/07/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MCAULIFFE, TIMOTHY M  
Address: 2809 NORFOLK RD  
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY MCAULIFFE

PRES

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date