

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 035 ***158.75

DOCUMENT # P06000114349			
1. Entity Name LANDSCAPE MAINTENANCE PROPERTY MANAGEMENT INC.			
Principal Place of Business 3848 ZAMBRANA AVENUE NORTH PORT, FL 34286		Mailing Address 3848 ZAMBRANA AVENUE NORTH PORT, FL 34286	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc PO Box 7353	
City & State		City & State North Port, Florida	
Zip	Country	Zip	Country
		34287-7353	Florida
4. FEI Number		Applied For	
22 3942571		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		<input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title last name (NOTE: For a registered agent's signature required when filing a statement)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	ADAMS, ALBERT JOHN	NAME	
STREET ADDRESS	3848 ZAMBRANA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34286	CITY-ST-ZIP	
TITLE	VPST	TITLE	
NAME	MONTEALEGRE ADAMS, MARICEL	NAME	
STREET ADDRESS	3848 ZAMBRANA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34286	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Albert Adams (President)</i>		7/09/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		941 423-9774	
		Daytime Phone #	