

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000117808

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** ABSOLUTE CARE LANDSCAPING, INC.

**Current Principal Place of Business:**

2716 WORCESTER ROAD  
LANTANA, FL 33462 PB

**New Principal Place of Business:**

2716 WORSESTER RD  
LANATA, FL 33462 PB

**Current Mailing Address:**

2716 WORCESTER ROAD  
LANTANA, FL 33462 PB

**New Mailing Address:**

2716 WORSESTER RD  
LANATA, FL 33462 PB

**FEI Number:** 51-0600397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOLINA, DELIO H PRES.  
2716 WORCESTER RD.  
LANTANA, FL 33462 US

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

MOLINA, DELIO H PRES.  
2716 WORSESTER RD  
LANTANA, FL 33462 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: DELIO H MOLINA

01/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: MOLINA, DELIO H  
Address: 2716 WORCESTER ROAD  
City-St-Zip: LANTANA, FL 33462 PB

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: DELIO H MOLINA

P

01/12/2010

Electronic Signature of Signing Officer or Director

Date