



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90064 011 ***150.00

DOCUMENT # P06000144132 1. Entity Name R & S LANDSCAPING MAINTENANCE, INC.					
Principal Place of Business 1455 - 90TH AVE. VERO BEACH, FL 32966			Mailing Address 1455 - 90TH AVE. VERO BEACH, FL 32966		
2. Principal Place of Business - No P.O. Box # 1455 - 90TH AVE		3. Mailing Address 1455 - 90TH AVE		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40099016</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 04192007 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc. LOT 224		Suite, Apt. #, etc. LOT 224			
City & State VERO BEACH FL		City & State VERO BEACH FL			
Zip 32966		Country USA		4. FEI Number 20-5894961	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, SARAH 819 HYACINTH CIRCLE BAREFOOT BAY, FL 32976			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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	PSTD SMITH, SARAH 819 HYACINTH CIRCLE BAREFOOT KEY, FL 32976 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Sarah Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/29/07</u> <u>772 663 1838</u> <small>Date Daytime Phone #</small>		