## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90064 011 \*\*\*150.00

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1. Entity Name

R & S LANDSCAPING MAINTENANCE, INC.



1455 - 90Ti	ce of Business H AVE. H, FL 32966		Mailing Address 1455 - 90TH AVE. VERO BEACH, FL 32966	;		4	0099016			
2. Principal f	Place of Business - N	No P.O. Box #	3. Mailing Address					i de la companya de		
145	5 - 90TH	AVE	3. Mailing Address 90 TH AVE		(186)(66)	II BRIIR BIIII BRITT BBIT BEI	81 118)) BIBII BIBI	)	IILDI LI IEBI	
Suite, Apt	.#.etc. Lot 22	AVE"  FACH FL	Suite, Apt.,#, etc. 22 <	7		04192007	Chg-P	CR2E03	4 (12/06)	
			City & State RO B			4. FEI Numb	o-58949	761		plied For at Applicable
Zip 32	966 Cou		<sup>Zip</sup> 32966	Count	"SA	5. Certificate	e of Status Desired		8.75 Add	
	6. Name and A	ddress of Current R	egistered Agent		Nama	7. Name and	d Address of New R	egistered Ag	jent	
SMITH, SA	ΔΡΔΗ				Name					<del></del>
819 HYAC	CINTH CIRCLE OT BAY, FL 329	76			Street Address (P.O. Box Number is Not Acceptable)					
		¥.								
	in the second se			[	City			FL	Zip Code	9
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										
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE.IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND I	DIRECTOR:	S IN 11	
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NAME ,	SMITH, SARAH	· ·		NAME					_ •	_
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Sarak	Smith
SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/29/07

772 663 1838

■ Addition

Date

Daytime Phone #

☐ Change