

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145548

Entity Name: ATLANTIC LANDSCAPE & SOD, INC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

7351 SW SR 200
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

7351 SW SR 200
OCALA, FL 34476

New Mailing Address:

FEI Number: 20-5964340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESCOTT, JODIE L
9080 EQUUS CIRCLE
BOYNTON BEACH, FL 33427 US

Name and Address of New Registered Agent:

WILKINS, SCOTT
15845 ROLLING MEADOWS CIRCLE
WELLINGTON, FL 33414 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: SCOTT WILKINS

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILKINS, SCOTT C
Address: 15845 ROLLING MEADOWS CIRCLE
City-St-Zip: WELLINGTON, FL 33414 FL

Title: VP () Delete
Name: SENE, ISMAEL O
Address: 786 VIA TOSCANA
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC () Delete
Name: WILKINS, AMY N
Address: 15845 ROLLING MEADOWS CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: TREA (X) Delete
Name: GONZALEZ, BROOKE A
Address: 13659 ISHNALA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILKINS, AMY N
Address: 15845 ROLLING MEADOWS CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: TRE (X) Change () Addition
Name: GONZALEZ, BROOKE A
Address: 13659 ISHNALA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT WILKINS

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date