## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 28, 2008 8:00 am Secretary of State

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## **DOCUMENT # P07000050838**



PGF LANDSCAPING & DESIGN, INC. Principal Place of Business Mailing Address 6237 LANDSDOWNE CIRCLE 6237 LANDSDOWNE CIRCLE **BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437** US 2. Principal Place of Business - No P.O. Box # 6237 LANS Down ECA 3. Mailing Address . 6237 CANS DOWNE C Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For BOYNION BEACH, A Not Applicable \$8.75 Additional 5. Certificate of Status Desired BULL aun Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIRTEN, BRANDON SCOTT 6237 LANDSDOWNE CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH, FL 33437** ANS DOWNE LNTUM 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. ್- OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition GIRTEN, BRANDON SCOTT NAME NAME STREET ADDRESS 6237 LANDSOOWNE CIRCLE 6237 LANSDOWNE CIRCLE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP BOYNTON BEACHER 33472 VP.D TITLE Delete TITLE ☐ Addition IDO PRADO, SILAS GABRIEL NAME NAME 6237 LÄNDSDOWNE CIRCLE STREET ADDRESS 6237 LANSDOWNE CIRCLE STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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:

Jam TED NAME OF SIGNING OFFICER OR DIRECTOR

BRANDON GIMEN

561-396-3702