

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90032 030 \*\*\*150.00

<b>DOCUMENT # P07000060969</b> 1. Entity Name <b>PT LANDSCAPING INC</b>			
Principal Place of Business <b>4444 S RIO GRANDE AVE 858 A ORLANDO, FL 32839 US</b>		Mailing Address <b>4444 S RIO GRANDE AVE 858 A ORLANDO, FL 32839 US</b>	
2. Principal Place of Business - No P.O. Box # <b>6289 Curry Ford Rd</b> Suite, Apt. #, etc. <b>#166</b>		3. Mailing Address <b>6289 Curry Ford Rd</b> Suite, Apt. #, etc. <b>#166</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32822</b> Country <b>USA</b>		Zip <b>32822</b> Country <b>USA</b>	
4. FEI Number <b>26-0211880</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MATHIS, LEROY JR 4444 S RIO GRANDE AVE 858 A ORLANDO, FL 32839</b>		7. Name and Address of New Registered Agent Name <b>MATHIS LEROY JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6289 Curry Ford Rd #166</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32822</b>	
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  DATE <b>4-18-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATHIS, LEROY JR</b> <b>4444 S RIO GRANDE AVE #858 A</b> <b>ORLANDO, FL 32839</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6289 Curry Ford Rd #166</b> <b>ORLANDO FL 32822</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		Date <b>4-18-08</b> Daytime Phone #	