

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90033 018 ***150.00

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| DOCUMENT # P07000079951 | | | |  | |
| 1. Entity Name LANDSCAPE MAINTENANCE BY FERNANDO FLORES, INC. | | | | | |
| Principal Place of Business 17388 BUTLER ROAD FORT MYERS, FL 33912 | | | Mailing Address 17388 BUTLER ROAD FORT MYERS, FL 33912 | | |
| 2. Principal Place of Business - No P.O. Box # 17420 Braddock Road <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 17420 Braddock Road <small>Suite, Apt. #, etc.</small> | | | |
| City & State Fort Myers, Fl <small>Zip Country</small> 33967 USA | | City & State Fort Myers, Fl <small>Zip Country</small> 33967 USA | | 4. FEI Number 74-3222259 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FLORES, FERNANDO 17388 BUTLER ROAD FORT MYERS, FL 33912 | | | 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:  <i>President</i> 5/15/08 <small>Signature, typed name of registered agent and state of residence (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLORES, FERNANDO 17388 BUTLER ROAD FORT MYERS, FL 33912 | <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:  5/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |