

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004636

FILED
Aug 06, 2009
Secretary of State

Entity Name: FOSTER & WADE'S LANDSCAPING, INC.

Current Principal Place of Business:

4930 87TH AVENUE NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

10445 49TH STREET NORTH
BUILDING C
CLEARWATER, FL 33762

Current Mailing Address:

4930 87TH AVENUE NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

10445 49TH STREET NORTH
CLEARWATER, FL 33762

FEI Number: 26-1754673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, H. WILLIAM
11199 69TH STREET NORTH
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOSTER, STANLEY M
Address: 3530 18TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VP () Delete
Name: WADE, CHRISTOPHER S
Address: 4930 87TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: S () Delete
Name: WADE, CHRISTOPHER S
Address: 4930 87TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: T () Delete
Name: FOSTER, STANLEY M
Address: 3530 18TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: /H. WILLIAM LARSON/

ESQ

08/06/2009

Electronic Signature of Signing Officer or Director

Date