

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # PD8000021619

1. Entity Name

Distinctive Landscape Management, Inc.



FILED

11 MAY 17 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

6375 21st St SW

Suite, Apt. #, etc.

3. Mailing Address

PO Box 651231

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

262082523

Applied For

Not Applicable

Zip

32968

Country

Indian River

Zip

32965

Country

Indian River

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Barry E Segal, P.A.

Street Address (P.O. Box Number is Not Acceptable)

621 17th St.

City

Vero Beach

FL

Zip Code

32900

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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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

dln-2@att.net

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PSTD
Raymond C. Cooper
6375 21st St SW
Vero Beach, FL 32968

TITLE
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CITY- ST- ZIP

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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 on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Raymond C. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/11
DATE

772-978-1302
Daytime Phone #

~112m