

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001691

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: FAMILY LANDSCAPING FULL SERVICE CORP

**Current Principal Place of Business:**

1101 SW EMBERS TERR  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

2410 BEACH PKWY WEST  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

1101 SW EMBERS TERR  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

P.O. BOX 152150  
CAPE CORAL, FL 33915 US

FEI Number: 27-1635122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINCLAIR, VICTORIA E  
1101 SW EMBERS TERR  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

SINCLAIR, VICTORIA E  
2410 BEACH PKWY WEST  
CAPE CORAL, FL 33914 US

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: VICTORIA E SINCLAIR

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SINCLAIR, VICTORIA E  
Address: 2410 BEACH PKWY WEST  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP  
Name: SINCLAIR, MATTHEW J  
Address: 2410 BEACH PKWY WEST  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA SINCLAIR

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date