

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054178

**FILED**  
**Sep 16, 2011**  
**Secretary of State**

**Entity Name:** MAXX COMMERCIAL LANDSCAPE CORP.

**Current Principal Place of Business:**

1103 WEST CURLEW DRIVE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

1103 WEST CURLEW PLACE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

1103 WEST CURLEW DRIVE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

1103 WEST CURLEW PLACE  
TARPON SPRINGS, FL 34689

**FEI Number:** 27-2894993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FATOLITIS, DOMINIC M  
1103 WEST CURLEW DRIVE  
TARPON SPRINGS, FL 34689 US

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

FATOLITIS, DOMINIC M  
1103 WEST CURLEW PLACE  
TARPON SPRINGS, FL 34689 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: DOMINIC MICHAEL FATOLITIS

09/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FATOLITIS, DOMINIC M  
Address: 1103 WEST CURLEW PLACE  
City-St-Zip: TARPON SPRINGS, FL 34689

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: DOMINIC MICHAEL FATOLITIS

PSTD

09/16/2011

Electronic Signature of Signing Officer or Director

Date