

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000045793

**FILED**  
**Aug 30, 2012**  
**Secretary of State**

**Entity Name:** BARON'S LANDSCAPING SERVICES, INC.

**Current Principal Place of Business:**

6502 WALTON WAY  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 40147  
TAMPA, FL 336677

**New Mailing Address:**

**FEI Number:** 45-5129110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONTE, EUGENIA W  
6502 WALTON WAY  
TAMPA, FL 33610 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONTE, EUGENIA W  
Address: P. O. BOX 4047  
City-St-Zip: TAMPA, FL 33677

Title: VP  
Name: CONTE, RANDY S  
Address: P. O. BOX 4047  
City-St-Zip: TAMPA, FL 33677

Title: DIR  
Name: EVANS, ALFRED  
Address: P. O. BOX 4047  
City-St-Zip: TAMPA, FL 33677

Title: DIR  
Name: MILLS, CASEY  
Address: P O BOX 4047  
City-St-Zip: TAMPA, FL 33677

Title: DIR  
Name: TINTLE, DENNIS  
Address: P O BOX 4047  
City-St-Zip: TAMPA, FL 33677

Title: DIR  
Name: SMITH, JAMES R  
Address: P O BOX 4047  
City-St-Zip: TAMPA, FL 33677

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: EUGENIA W CONTE

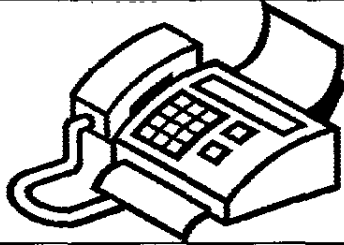
P

08/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

P11000045793  
8/30/12



## A facsimile from

### Baron's Landscaping Services, Inc

Eugenia W. Conte, Pres.  
(813)244-6784

To: Florida Department of State  
Division of Corporations  
Fax number: 850-245-6017

Date: 8/30/2012

Doc. #: **P11000045793**

**Regarding:** Amended Annual Report

**Comments:** I NEED TO ADD ADDITIONAL Directors to the amended report filed today. (pages following confirm today's changes and payment for same)

Please add the following:

<b>Name &amp; Address # 7:</b>	
Title	DIR
Name	Huggins, Michael
Address	P O BOX 4047
City, State	TAMPA, FL
Zip	33677

<b>Name &amp; Address # 8:</b>	
Title	DIR
Name	Howser, Mike
Address	P O BOX 4047
City, State	TAMPA, FL
Zip	33677

<b>Name &amp; Address # 9:</b>	
Title	DIR
Name	Lopez, William
Address	P O BOX 4047
City, State	TAMPA, FL
Zip	33677
<b>Name &amp; Address # 10:</b>	
Title	DIR
Name	Andrews, David
Address	P O BOX 4047
City, State	TAMPA, FL
Zip	33677
<b>Name &amp; Address # 11:</b>	
Title	DIR
Name	McGrady, Jason
Address	P O BOX 4047
City, State	TAMPA, FL
Zip	33677