

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90034 045 ***150.00

DOCUMENT # P93000012047					
1. Entity Name LANDSCAPE PROS INC.					
Principal Place of Business 509 FINGER LAKES PLACE SEFFNER, FL 33584 US			Mailing Address P.O. BOX 1200 THONOTOSASSA, FL 33592-1200		
00001100					
2. Principal Place of Business - No P.O. Box # 11711 Knightl Griffin Rd.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Thonotosassa FL		City & State			
Zip 33592		Country U.S.A.		4. FEI Number 59-3166422	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CHILLURA, SALVATORE 509 FINGER LAKES PLACE SEFFNER, FL 33584					
7. Name and Address of New Registered Agent Name: Salvatore Chillura Street Address (P.O. Box Number is Not Acceptable): 11711 Knightl Griffin Road City: Thonotosassa FL Zip Code: 33592					
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: <u>Salvatore Chillura</u> DATE: <u>1/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHILLURA, MAYRA P.O. BOX 1200 THONOTOSASSA, FL 335921200	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILLURA, SALVATORE P.O. BOX 1200 THONOTOSASSA, FL 335921200	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>Salvatore Chillura</u> <u>1/16/07</u> <u>813-982-1820 EXX101</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					