

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000012047

Entity Name: LANDSCAPE PROS INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

11711 KNIGHTS GRIFIN RD
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1200
THONOTOSASSA, FL 335921200 US

New Mailing Address:

FEI Number: 59-3166422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILLURA, SALVATORE
11711 KNIGHTS GRIFFIN RD
THONOTOSASSA, FL 33592 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CHILLURA, MAYRA
Address: P.O. BOX 1200
City-St-Zip: THONOTOSASSA, FL 335921200

Title: P () Delete
Name: CHILLURA, SALVATORE
Address: P.O. BOX 1200
City-St-Zip: THONOTOSASSA, FL 335921200

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SALVATORE CHILLURA

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date