## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2007 08:00 AM Secretary of State **DOCUMENT # P94000010512** 1. Entity Name HANLEY LANDSCAPE SERVICES, INC. Principal Place of Business Mailing Address **3274 D ROAD** 3274 D ROAD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 No Chg-P CR2E034 (11/05) 04132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0462482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANLEY, MICHAEL DO NOT WRITE **3274 D ROAD** LOXAHATCHEE, FL 33470 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HANLEY, MICHAEL STREET ADDRESS **3274 D ROAD** LOXAHATCHEE, FL 33470 CITY-ST-ZIP TOTLE NAME U00000728717 05/08/07-80011-006 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 all other like empowered.

SIGNATURE:

BIGHATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

23/2007

561.283.9269

Daytime Phone #

**FILED**