FROM :KENNEDY/ ULLEM FAX NO. :17278961700 Mar. 28 2007 04:05PM P3

FILED
Apr 02, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000002086

1. Entity Name
HORTICULTURAL SERVICES, INC.

Principal Place of Business
20545 COUNTY LINE RD
LUTZ, FL 33549 US

Mailing Address
20545 COUNTY LINE RD
LUTZ, FL 33549 US

DO NOT WRITE IN THIS SPACE

03282007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0559442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RADFORD, STEPHAN S
23522 SIERRA RD
LAND O LAKES, FL 34639

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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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RADFORD, STEPHAN S
STREET ADDRESS	23522 SIERRA RD.
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	SD
NAME	RADFORD, MICHELLE L
STREET ADDRESS	23522 SIERRA RD.
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #