## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P95000012262

**Current Principal Place of Business:** 

Entity Name: CENTRAL FLORIDA LANDSCAPING AND MAINTENANCE INC.

**FILED** Aug 25, 2005 Secretary of State

1293 STAT STE 121 OVIEDO, F							
Current M	ailing Addres	ss:	New Maili	New Mailing Address:			
PO BOX 62 OVIEDO, F							
FEI Number:	59-3301967	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (	. )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
BONADONNA, PAUL 1013 CORBIN CT OVIEDO, FL 32765 US			1293 STA <sup>-</sup> STE. 121	BONADONNA, PAUL 1293 STATE RD 426 STE. 121 OVIEDO, FL 32765 US			
The above in the State		submits this statement for the pu	irpose of changing	its registered	office or registered agent, or	both,	
SIGNATUR	RE:			08/25/2005			
	Electron	nic Signature of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( BONADONNA, 1013 CORBIN OVIEDO, FL 3	ст	Title: Name: Address: City-St-Zip:	BONADONNA	RD 426, STE. 121		
Title: Name: Address:	VP ( BONADONNA, 1013 CORBIN		Title: Name: Address:	BONADONNA	X) Change()Addition 、PAUL JR. RD 426, STE. 121		

**New Principal Place of Business:** 

BONADONNA, BEVERLY Name: 1013 CORBIN CT Address: City-St-Zip: OVIEDO, FL 32765 Title: () Delete BONADONNA, MARC Name: Address: 1013 CORBIN COURT City-St-Zip: OVIEDO, FL 32765

OVIEDO, FL 32765

1013 CORBIN CT

OVIEDO, FL 32765

BONADONNA, RICHARD

( ) Delete

() Delete

City-St-Zip:

Title:

Title:

Name:

Address: City-St-Zip:

City-St-Zip:

Title: () Delete

Name: Address:

City-St-Zip: OVIEDO, FL 32765 Title: ( ) Change (X) Addition BONADONNA, APRIL J Name:

OVIEDO, FL 32765

OVIEDO, FL 32765

OVIEDO, FL 32765

BONADONNA, MARC

BONADONNA, RICHARD

BONADONNA, BEVERLY

1293 STATE RD 426, STE, 121

1293 STATE RD 426, STE. 121

1293 STATE RD 426, STE, 121

1293 STATE RD 426, STE. 121

(X) Change ( ) Addition

(X) Change ( ) Addition

(X) Change ( ) Addition

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

Address:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

OVIEDO, FL 32765 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Ρ SIGNATURE: PAUL BONADONNA 08/25/2005