2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012262

FILED Mar 31, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA LANDSCAPING AND MAINTENANCE INC.

Current Principal Place of Business: New Principal Place of Business:

1293 STATE RD 426 431 AULIN AVE.

STE 121 UNIT A

OVIEDO, FL 32762 OVIEDO, FL 32762

Current Mailing Address: New Mailing Address:

PO BOX 620645 OVIEDO, FL 32765

FEI Number: 59-3301967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONADONNA, PAUL
1293 STATE RD 426
STE 117
BONADONNA, PAUL
431 AULIN AVE

STE. 117 UNIT A
OVIEDO, FL 32765 US OVIEDO, FL 32765 US

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: 03/31/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BONADONNA, PAUL
 Name:
 BONADONNA, PAUL

 Address:
 1293 STATE RD 426, STE. 117
 Address:
 431 AULIN AVE ,

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: VP () Delete Title: VP (X) Change () Addition Name: BONADONNA, PAUL JR. Name: BONADONNA, PAUL JR.

 Name:
 BONADONNA, PAUL JR.
 Name:
 BONADONNA, PAUL

 Address:
 1293 STATE RD 426, STE. 117
 Address:
 431 AULIN AVE

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BONADONNA, BEVERLY
 Name:
 BONADONNA, BEVERLY

 Address:
 1293 STATE RD 426, STE. 117
 Address:
 431 AULIN AVE

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BONADONNA, MARC
 Name:
 BONADONNA, MARC

 Address:
 1293 STATE RD 426, STE. 117
 Address:
 431 AULIN AVE

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

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: PAUL BONADONNA PRES 03/31/2009