

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90092 043 ***150.00

DOCUMENT # P95000034248

1. Entity Name
FAMILY LANDSCAPE, INC.



Principal Place of Business

**7164 SW 9 ST
OKEECHOBEE, FL 34974**

Mailing Address

**7164 SW 9 ST
OKEECHOBEE, FL 34974**

DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0574347

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional --
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, STEVEN L
7164 SW 9 ST
OKEECHOBEE, FL 34974**

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D P
NAME	EDWARDS, STEVEN L
STREET ADDRESS	7164 SW 9 ST
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	D S
NAME	EDWARDS, GLENDA A
STREET ADDRESS	7164 SW 9 ST
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Steven L. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. EDWARDS

4/21/08 8637636141

Date

Daytime Phone #