## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043624

Entity Name: TROPICAL LANDSCAPERS, INC.

FILED Mar 30, 2009 Secretary of State

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

8917 116TH TERRACE SOUTH 8917 116TH TERRACE SOUTH BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

**Current Mailing Address: New Mailing Address:** 

8917 116TH TERRACE SOUTH 8917 116TH TERRACE SOUTH BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

FEI Number: 65-0591065 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KLEINRICHERT, JASON KLEINRICHERT, JASON 11187 90TH STREET SOUTH 11187 90TH STREET SOUTH BOYNTON BEACH, FL 33437 US US BOYNTON BEACH, FL 33472

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: 03/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition KLEINRICHERT, JASON KLEINRICHERT, JASON Name: Name: 11187 90TH STREET SOUTH 11187 90TH STREET SOUTH Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33472

( ) Delete Title: Title: (X) Change ( ) Addition Name: KLEINRICHERT, CATHERINE Name: KLEINRICHERT, CATHERINE 11187 90TH STREET SOUTH 11187 90TH STREET SOUTH Address: Address: BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472 City-St-Zip: City-St-Zip:

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.

VΡ SIGNATURE: CATHERINE KLEINRICHERT 03/30/2009