

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000083912

1. Entity Name  
LIGHTSCAPES OF NORTH FLORIDA, INC.



**FILED  
Apr 14, 2008 8:00 am  
Secretary of State**

04-14-2008 90052 049 \*\*\*150.00

**40068176**



02022008 Chg-P CR2E034 (12/06)

Principal Place of Business 4515 GRASSEY CAY LANE JACKSONVILLE, FL 32224	Mailing Address 4515 GRASSEY CAY LANE JACKSONVILLE, FL 32224	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	
6. Name and Address of Current Registered Agent ROMANO, MARIE A 4515 GRASSEY CAY LANE JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
		FL Zip Code

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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Delete ROMANO, MARIE A 4515 GRASSEY CAY LANE JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Delete ROMANO, THOMAS J 4515 GRASSEY CAY LANE JACKSONVILLE, FL 32224	<i>Address Change</i>	<i>Change of Address for Thomas J. Romano 13840 Asher Cove Ct. Jacksonville FL 32224</i>
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Delete ROMANO, GAETANO 4515 GRASSEY CAY LN. JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mariel A. Romano* *Mariel A. Romano 4-5-08* *904-223-7463*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #