

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 043 ***150.00

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1. Entity Name
LANDSCAPES UNLIMITED & ASSOCIATES, INC.



40040682



Principal Place of Business
5311 S.R. 54
NEWPORT RICHEY, FL 34652

Mailing Address
5311 S.R. 54
NEWPORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3351035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANGELO, ANNETTE
5111 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

Name - SILVA, Annette
Street Address (P.O. Box Number is Not Acceptable)
3748 TOPSAIL DR
City New Port Richey FL Zip Code 34652

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

Annette Silva *Annette Silva* *Christy Silva*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/7/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SANTANGELO, ANNETTE
STREET ADDRESS 5111 FLORAMAR TERRACE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Delete

TITLE PD
NAME SILVA, Annette
STREET ADDRESS 3748 TOPSAIL DRIVE
CITY-ST-ZIP New Port Richey FL 34652 ☒ Change ☐ Addition

TITLE D
NAME SANTANGELO, LARRY
STREET ADDRESS 5311 S.R. 54
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Annette Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

727 8456246

Daytime Phone #