

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90182 003 ***150.00

DOCUMENT # P96000045035

1. Entity Name
ALTAR LANDSCAPING AND MAINTENANCE, INC.



Principal Place of Business
**127 KAROLA DRIVE
SEBRING, FL 33870**

Mailing Address
**127 KAROLA DRIVE
SEBRING, FL 33870**

00033374



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0680356

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RIDENOUR, GEORGE M
127 KAROLA DRIVE
SEBRING, FL 33870**

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIDENOUR, KATHLEEN	
STREET ADDRESS	127 KAROLA DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDENOUR, GEORGE M	
STREET ADDRESS	127 KAROLA DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUSTIN, RIDENOU R	
STREET ADDRESS	127 KAROLA DR	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	RIDENOUR, ANDERSON	
STREET ADDRESS	127 KAROLA DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	BM	<input type="checkbox"/> Delete
NAME	SCHMIDT, RYAN	
STREET ADDRESS	127 KAROLA DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Kathleen Ridenour **KATHLEEN RIDENOUR**

4-28-08

863-411-0958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #