2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 09, 2007 8:00 am Secretary of State

Flaytime Phone #

	ANNUAL	REPURI			SCCIC	tary or St	aic		
1. Entity Nam	MENT # P96000046 LAWN & LANDSCAPE, IN		07-09-2007 90050 048 ***150.00						
Principal Plac	e of Business	Mailing Address							
19236 BAY I BOCA RATON	LEAF CT.	PO BOX 970878 BOCA RATON, FL 334	40123	40123686					
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Stille, Apt.	#, GIC.	Suite, Apr. #, etc.		07052007	Chg-P	CR2E034 (12/06)			
City & State		City & State		4. FEI Numb 65-067					
Zip	Country Zip		Country	5. Certificate	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			
TILLEY M	ICHAÉL B		Name						
	DES RD SB SUITE 306 TON, FL 33431		Street A	ddress (P.O. Box Numb	er is Not Acceptal	ble)			
			City			FL Zip Code	FL Zip Code		
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s registered office or	registered agent, or bo	th, in the State of	Florida Lam familiar with,	and accept		
SIGNATURE.	Signature, typed or printed name of registered agen	and utte if applicable (NO	TE. Registered Agent signal	ure required when reinstaling)		DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	In accordance corporation d.	e with s. 607.193(2)(b), id not receive the prior r	F.S., the		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO O	FFICERS AND DIRECTORS	3 IN 11		
TILLE	Р	☐ Delete	HILE	CEO	07.3.11.0220.70.0	Change	Addition		
NAME	SKARECKI, ROBERT G SR		NAME				_		
STREET ADDRESS	19236 BAY LEAF CT.		STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST ZIP	. ~					
TITLE NAME	SKARECKI, RALPH V	☐ Delete	HILE NAME	VICE PRESI	TUBC	Change Change	☐ Addition		
STREET ADURESS	19236 BAY LEAF CT.		STREET ADDRESS						
CITY-ST-ZiP	BOCA RATON, FL 33428		CITY-ST-ZIP						
TITLE	V	☐ Delete	TITLE	PRESIDENT	-	Change	Addition		
NAME	SKARECKI, NICHOLAS A		NAME	,		/			
STREET ADDRESS	19236 BAY LEAF CT.		STREET ADDRESS						
CITY ST-ZIP	BOCA RATON, FL 33428		CITY ST ZIP						
TITLE	ST SKADECKI MARY	☐ Oelete	HITLE	SECRETARY	(TREASU?	Change	Addition		
NAME STREET ADDRESS	SKARECKI, MARY 19236 BAY LEAF CT.		NAME STREET ADDRESS						
CITY ST ZIP	BOCA RATON, FL 33428		CHY ST ZIP						
INLE		☐ Delete	TITLE						
NAME		LJ Detete	NAME			☐ Change	Addition		
STREET ADDRESS			STREET ADDRESS						
CITY ST ZIP			CHY ST ZIP	ĺ					
TITLE		☐ Delete	TITLE			☐ Change	Addition		
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CHTY ST-ZIP			CHY ST ZIP						
12. I hereby of indicated of the cor	certify that the information supplied wit ion this report or supplemental soon in poration or the receiver or fustee enry , or on an attachment with all addy of a	h this filing does not qually strue and recurate and hat here? Secute this apor with all other like empoyerer	for the exemptions of my signature shall hirt as required by Charle	contained in Chapter 11 lave the same legal effe apter 607, Florida Statuti	 Florida Statutes at as if made under as, and that my na 	s. I furthor certily that the in er oath; that I am an officer ame appears in Block 10 or	ntormation or director Block 11 if		
enoniñad.	, or on an alternment with all address.	www arma arma arma arma	···		•				

ATTACHMENT

2007 FOR PROFIT CORPORATION ANNUAL REPORT

·		ANNUAL	. KEPUK I			-					
DOCUMENT # P96000046921											
1. Entity Name											
QUALITY LAWN & LANDSCAPE, INC.											
Principal Plac	e of Busines	s	Mailing Address								
19236 BAY LEAF CT.		PO BOX 970878	*								
BOCA RATON, FL 33428		BOCA RATON, FL 33428									
						111	1221	oi .			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			70	1236	286		•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052007	Chg-P	4-82 E034	(12/06)			
City & State		City & State			4. FEI Number 65-0675	650			plied For at Applicable		
Zip		Country	Zip	Cour	ntry	5. Certilicate o	Status Desired		3.75 Add e Required		
	6. Name	and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent						
		_			Name						
TILLEY, MICHAEL R 2000 GLADES RD SB SUITE 306 BOCA RATON, FL 33431			Street Address (P.O. Box Number is Not Acceptable)								
					City			FL	Zip Code	e	
8. The above	named entitions of regis	ly submits this statement for tered agent.	or the purpose of changing its	s register	led office or register	red agent, or both	, in the State of Fig		The with,	and accept	
CICMATURE											
SIGNATURE.	Signature, typed	for printed name of registered agent	and title if applicable (NC)	E Registere	ed Agent signature required	dwnen reinstating)		DATE			
			9. Election Campa	ina Fina		00					
		! FEE IS \$550.00 otember 14, 2007	Trust Fund Con	4*	~ _ ~	.00 May Be led to Fees					
10.		OFFICERS AND	DIDUCTORS	144	**	*DDITIONS IO					
IIILE	Р	OFFICERS AND	Delete	11.		ADDITIONS/C	HANGES TO OFF		IRECTORS	Addition	
NAME	Delete		NAM				i	1 outside	☐ MUUIRNII		
STREET ADDRESS	S 19236 BAY LEAF CT. SIR			EE1 ADDRESS							
CITY-ST-ZIP		ATON, FL 33428		CITY	Y-ST-ZIP						
TITLE				TITL.	!] Change	☐ Addition	
NAME STREET ADDRESS		NI, RALPH V NY LEAF CT.		MAM	fe. Eet address					!	
CITY-ST-ZIP				ST-ZIP							
TITLE	٧		☐ Delete	IIIL	E		-] Change	Addition	
NAME	j .	KI, NICHOLAS A		MAM							
STREET ADDRESS CHY ST ZIP	Ī.	AY LEAF CT. ATON, FL 33428			EET ADDRESS 'ST ZIP					1	
TITLE	ST	(TON, FL 33426							7.0		
NAME	SKAREC	KI, MARY	☐ Delete	TITU NAM				L,] Change	Addition	
STHEET ADDRESS	1	Y LEAF CT.			EE1 ADDRESS						
CITY - ST - ZiP	BOCA RA	ATON, FL 33428		CITY	' ST ZIP						
TITLE			Delete	IIIL	1] Clurige	Addition	
NAME STREET ADDRESS				NAM	ME LE1 ADDRESS						
CITY-ST ZIP					ST ZIP						
MLE			☐ Delete	III L	E] Change	Addition	
NAME	1			NAM	ſ			_	•		
STREET ADDRESS CITY ST ZIP					EET ADDRESS						
	aprify that the	a information supplied with	this filing does not such to		(\$1 /IP	Nio Charter 110	Elevide Circuit	frage and a second	15-1-2		
12. Thereby 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 approxis in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNAT	URE:										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Output Phone #											