


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

07-09-2007 90050 048 \*\*\*150.00

**DOCUMENT # P96000046921**  
 1. Entity Name  
**QUALITY LAWN & LANDSCAPE, INC.**



Principal Place of Business  
**19236 BAY LEAF CT.  
 BOCA RATON, FL 33428**

Mailing Address  
**PO BOX 970878  
 BOCA RATON, FL 33428**

**40123686**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07052007 Chg-P CR?E034 (12/06)

4. FEI Number  
**65-0675650** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TILLEY, MICHAEL R  
 2000 GLADES RD SB SUITE 306  
 BOCA RATON, FL 33431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when (re)instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>SKARECKI, ROBERT G SR 19236 BAY LEAF CT. BOCA RATON, FL 33428</b>	TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SKARECKI, ROBERT G SR</b>		NAME	
STREET ADDRESS <b>19236 BAY LEAF CT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>SKARECKI, RALPH V 19236 BAY LEAF CT. BOCA RATON, FL 33428</b>	TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SKARECKI, RALPH V</b>		NAME	
STREET ADDRESS <b>19236 BAY LEAF CT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>SKARECKI, NICHOLAS A 19236 BAY LEAF CT. BOCA RATON, FL 33428</b>	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SKARECKI, NICHOLAS A</b>		NAME	
STREET ADDRESS <b>19236 BAY LEAF CT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete <b>SKARECKI, MARY 19236 BAY LEAF CT. BOCA RATON, FL 33428</b>	TITLE <b>SECRETARY &amp; TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SKARECKI, MARY</b>		NAME	
STREET ADDRESS <b>19236 BAY LEAF CT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the like empowered.


SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/07**  
 Date

Telephone #

ATTACHMENT

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P96000046921					
1. Entity Name QUALITY LAWN & LANDSCAPE, INC.					
Principal Place of Business 19236 BAY LEAF CT. BOCA RATON, FL 33428			Mailing Address PO BOX 970878 BOCA RATON, FL 33428		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0675650	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TILLEY, MICHAEL R 2000 GLADES RD SB SUITE 306 BOCA RATON, FL 33431			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 from January 1, 2007, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SKARECKI, RALPH V		NAME		
STREET ADDRESS	19236 BAY LEAF CT.		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SKARECKI, MARY		NAME		
STREET ADDRESS	19236 BAY LEAF CT.		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Telephone Phone #

40123686