

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052917

FILED
Jul 09, 2007
Secretary of State

Entity Name: EXOTIC LANDSCAPE DESIGN, INC.

Current Principal Place of Business:

711 GUILD DRIVE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

4721 POCATELLA AVE
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 65-0680006 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CROSEN, PATRICK
711 GUILD DRIVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CROSEN, PATRICK
Address: 4721 POCATELLA AVE
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: CROSEN, SAM
Address: 128 COLUMBIA ROAD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK CROSEN

PRES

07/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date