

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074537

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: TERRY'S LANDSCAPE, INC.

**Current Principal Place of Business:**

4680 LOVE GRASS LANE  
CREST VIEW, FL 32536

**New Principal Place of Business:**

4680 LOVE GRASS LANE  
CREST VIEW, FL 32539

**Current Mailing Address:**

P.O. BOX 3127  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 59-3403095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLINE, TERRY  
4680 LOVEGRASS LN  
CRESTVIEW, FL 32539 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: KLINE, TERRY L  
Address: 4680 LOVE GRASS LANE  
City-St-Zip: CREST VIEW, FL 32536

Title: D ( ) Delete  
Name: KLINE, SHAWN L  
Address: 4680 LOVE GRASS LANE  
City-St-Zip: CREST VIEW, FL 32536

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: KLINE, TERRY L  
Address: 4680 LOVE GRASS LANE  
City-St-Zip: CREST VIEW, FL 32539

Title: D (X) Change ( ) Addition  
Name: KLINE, SHAWN L  
Address: 4680 LOVE GRASS LANE  
City-St-Zip: CREST VIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN L. KLINE

D

03/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date