

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024992

Entity Name: WISE LANDSCAPING, INC.

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

2832 MICHIGAN AVENUE
SUITE A
KISSIMMEE, FL 34744 US

New Principal Place of Business:

5251 KC DURHAM ROAD
SAINT CLOUD, FL 34771 US

Current Mailing Address:

2832 MICHIGAN AVENUE
SUITE A
KISSIMMEE, FL 34744 US

New Mailing Address:

PO BOX 702658
SAINT CLOUD, FL 34770 US

FEI Number: 59-3432759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WISE, NANCY L
3480 HOMETOWN LN
SAINT CLOUD, FL 34769 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: PD () Delete
Name: WISE, COVEY L II
Address: 3480 HOMETOWN LN
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VPSD () Delete
Name: WISE, NANCY L
Address: 3480 HOMETOWN LN
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VPD () Delete
Name: WISE, COVEY L III
Address: 438 CAROLINA AVENUE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: VPD () Delete
Name: WISE, CLINTON L
Address: 2324 EMPEROR DR
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: NANCY L. WISE

VPSD

03/27/2007

Electronic Signature of Signing Officer or Director

Date