


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-07-2008 90042 023 ***150.00

DOCUMENT # P97000024992	
1. Entity Name WISE LANDSCAPING, INC.	

Principal Place of Business 5251 KC DURHAM ROAD SAINT CLOUD, FL 34771 US	Mailing Address PO BOX 702658 SAINT CLOUD, FL 34770 US
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66004729



02272008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3432759	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WISE, NANCY L 3480 HOMETOWN LN SAINT CLOUD, FL 34769
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**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISE, COVEY L II 3480 HOMETOWN LN SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WISE, NANCY L 3480 HOMETOWN LN SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WISE, COVEY L III 438 CAROLINA AVENUE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WISE, CLINTON L 2324 EMPEROR DR KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 file empowered.

SIGNATURE: Nancy L Wise 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #