

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067414

Entity Name: NAPLES LANDSCAPE, INC.

FILED  
Jul 08, 2008  
Secretary of State

**Current Principal Place of Business:**

3784 PROGRESS AVENUE SUITE #D  
NAPLES, FL 34104

**New Principal Place of Business:**

4084 PROGRESS AVENUE STE #6  
NAPLES, FL 34104

**Current Mailing Address:**

3784 PROGRESS AVENUE SUITE #D  
NAPLES, FL 34104

**New Mailing Address:**

4084 PROGRESS AVENUE STE #6  
NAPLES, FL 34104

FEI Number: 59-3462967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAULKNER, JOHN DAVID  
3784 PROGRESS AVENUE SUITE #D  
NAPLES, FL 34104 US

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

FAULKNER, JOHN DAVID  
4084 PROGRESS AVENUE SUITE #6  
NAPLES, FL 34104 US

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:

07/08/2008

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: P ( ) Delete  
Name: FAULKNER, JOHN DAVID  
Address: 3784 PROGRESS AVE #D  
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete  
Name: FAULKNER, COLLEEN  
Address: 3784 PROGRESS AVE #D  
City-St-Zip: NAPLES, FL 34104

**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: COLLEEN FAULKNER

VP

07/08/2008

Electronic Signature of Signing Officer or Director

Date