
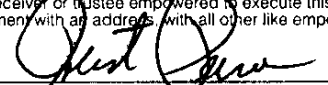


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90023 031 \*\*\*150.00

<b>DOCUMENT # P97000077845</b> 1. Entity Name <b>FLAMINGO LAWN AND LANDSCAPING, INC.</b>					
Principal Place of Business <b>2825 WESTON TERR PALM HARBOR, FL 34685</b>			Mailing Address <b>2825 WESTON TERR PALM HARBOR, FL 34685</b>		
2. Principal Place of Business - No P.O. Box # <b>3737 PLAYER DR</b>		3. Mailing Address <b>3737 PLAYER DR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NEW PORT RICHEY FLORIDA</b>		City & State <b>NEW PORT RICHEY FLORIDA</b>		4. FEI Number <b>59-2708853</b>	
Zip <b>34655</b>		Country <b>PASCO</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PERO, ROBERT 2825 WESTON TERR PALM HARBOR, FL 34685</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERO, PATRICIA A 2825 WESTON TERR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3737 PLAYER DR. NEW PORT RICHEY FL. 34655</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERO, ROBERT 2825 WESTON TERR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3737 PLAYER DR. NEW PORT RICHEY FL. 34655</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 like empowered.					
<b>SIGNATURE:</b>  <b>Ben May</b>				Date <b>4/11/08</b> Daytime Phone #	