2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000078106

1. Entity Name
SUNSCAPE LAWNCARE, INC.



Principal Place of Business

13108 LEWIS GALLAGHER ROAD DOVER, FL 33527 Mailing Address

13108 LEWIS GALLAGHER ROAD DOVER, FL 33527

FILED Mar 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3475477

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RUSS, CHRIS 13108 LEWIS GALLAGHER ROAD DOVER, FL 33527 DO NOT WRITE

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	named entity submits this statement for the p tions of registered agent.	urpose of changing its req	gistered	affice or r	egistered agent, or b	oth, in the State of Florida.	I am familiar with, ar	nd accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE Re	egístered Á	igent elgneture	required when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		ng 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		46.72	なおと 水流の海		545.	
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NAME	RUSS, CHRIS						• •	
STREET ADDRESS	13108 LEWIS GALLAGHER ROAD			.45	*	4 .		
CITY-ST-ZIP	DOVER, FL 33527			es i	4			
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NAME	RUSS, JAMIE						0671150 -80018-006	بيد يسرستر ر
STREET ADDRESS	13108 LEWIS GALLAGHER ROAD			41			-RN018-00E	156.7
CITY-ST-ZIP	DOVER, FL 33527							
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NAME			ı,			the E.	And the second	+ .
STREET ADDRESS			\$* }	4. 4.				5

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12. It hereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-07 813-966-4

Daytime Phone #