# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099834

**FILED**
**Apr 15, 2009**
**Secretary of State**

**Entity Name:** WARD REASONER & SONS LANDSCAPING, INC.

**Current Principal Place of Business:**

2401 TWIN RIVERS TRAIL
PARRISH, FL 34219 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 881
PARRISH, FL 34219

**New Mailing Address:**

P.O. BOX 110041
BRADENTON, FL 34211

**FEI Number: 65-0798255** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

REASONER, WARD
5106 LORRAINE RD
BRADENTON, FL 34211 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: S ( ) Delete
Name: REASONER, THERESA
Address: 5106 LORRAINE RD
City-St-Zip: BRADENTON, FL 34211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WARD REASONER P 04/15/2009

Electronic Signature of Signing Officer or Director Date