


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-04-2008 90029 001 ***300.00

DOCUMENT # P98000003992	
1. Entity Name ERIC S. DEBUSK LAWNSCAPING, INC.	

Principal Place of Business 2640 LAKEMONT ROAD MELBOURNE, FL 32934 US	Mailing Address 2640 LAKEMONT ROAD MELBOURNE, FL 32934 US
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66004622



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3486310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEBUSK, ERIC S 2640 LAKEMONT ROAD MELBOURNE, FL 32934
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	P,D DEBUSK, ERIC S 2640 LAKEMONT ROAD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP DEBUSK, TRACY 2640 LAKEMONT ROAD MELBOURNE, FL 32934
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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-08