## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000059817

FILED Jan 03, 2007 Secretary of State

Entity Name: SOUTHERN LANDSCAPING & LAWN MAINTENANCE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ITEBURG DRI' ), FL 32825	VE		
Current Mailing Address:		New Mailing Address:		
	ITEBURG DRI' ), FL 32825	VΕ		
FEI Number	: 59-3511379	FEI Number Applied For()	FEI Number Not Applicable (	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Addres	ss of New Registered Agent:
1622 MÓN	JOSEPH C ITEBURG DRI' ), FL 32825	VE US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its regist	tered office or registered agent, or both,
n the State	e of Florida.	submits this statement for the	purpose of changing its regist	tered office or registered agent, or both,
n the State	e of Florida. RE:	submits this statement for the		tered office or registered agent, or both,
n the State	e of Florida.  RE: Electror			
n the State	e of Florida.  RE: Electror	nic Signature of Registered Ac	gent	
n the State BIGNATUI Election Car DFFICER: Title: Name: Address:	e of Florida.  RE: Electror  mpaign Financing  S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution ( ). TORS: Delete PH C URG DRIVE	gent	Date
n the State	e of Florida.  RE: Electror  mpaign Financing  S AND DIREC  D ()  HICKEY, JOSE 1622 MONTEBI ORALANDO, FI	nic Signature of Registered Ag  g Trust Fund Contribution ( ).  TORS:  Delete PH C URG DRIVE 32825  Delete ICIA URG DRIVE	gent  ADDITIONS/CHA  Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA C. HICKEY VP 01/03/2007