

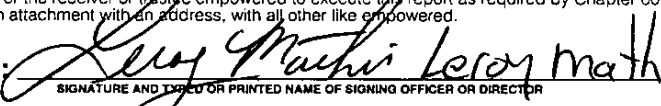


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90345 001 \*\*\*150.00  
05-14-2007 90345 002 \*\*\*\*\*8.75

<b>DOCUMENT # P98000083932</b>			
1. Entity Name <b>MATHIS LANDSCAPING, INC.</b>			
Principal Place of Business <b>4444 SOUTH RIO GRANDE ORLANDO, FL 32839</b>		Mailing Address <b>4444 S. RIO GRANDE #858A ORLANDO, FL 32839</b>	
2. Principal Place of Business - No P.O. Box # <b>Mathis Landscaping Inc.</b>		3. Mailing Address <b>4444 S. Rio Grande</b>	
Suite, Apt. #, etc. <b>APT 858A</b>		Suite, Apt. #, etc.	
City & State <b>Orlando, Fla</b>		City & State	
Zip <b>32839</b>	Country <b>orange country</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>MATHIS, LEROY JR. 4444 S. RIO GRANDE, #858A ORLANDO, FL 32839</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  DATE <b>5-14-07</b> (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MATHIS, LEROY JR. 4444 S. RIO GRANDE, #858A ORLANDO, FL 32839</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>5-14-07</b> Daytime Phone # <b>407-383-8681</b> Cell Phone	

**66014808**



05072007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3534034** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required