
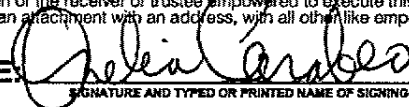


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000085305		
1. Entity Name RICCY'S LANDSCAPING SERVICES INC.		
Principal Place of Business 2414 COMMERCE BLVD. ORLANDO, FL 32817		Mailing Address P.O. BOX 720219 ORLANDO, FL 32872
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARABEO, ONELIA 2414 GRESHAM DRIVE ORLANDO, FL 32807		DO NOT WRITE IN THIS SPACE
3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000608119 01/31/07-80065-009 150.00
TITLE	V	DO NOT WRITE IN THIS SPACE
NAME	CARABEO, RICCI	
STREET ADDRESS	POB 720219	
CITY - ST - ZIP	ORLANDO, FL 328720219	
TITLE	PT	
NAME	CARABEO, ONELIA	
STREET ADDRESS	POB 720219	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	ORLANDO, FL 328720219	
TITLE	S	
NAME	CARABEO, KELLIE	
STREET ADDRESS	POB 720219	
CITY - ST - ZIP	ORLANDO, FL 328720219	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		1/16/07 407.701-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #