2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# P98000086217

Entity Name: GAMEZ & SON LANDSCAPING, INC.

Current Principal Place of Business:

24543 MOUNTAINVIEW DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

24543 MOUNTAIN VIEW DRIVE
BONITA SPRINGS, FL 34135

Current Mailing Address:

P.O. BOX 1562
BONITA SPRINGS, FL 341331562 US

New Mailing Address:

FEI Number: 59-3541888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMEZ, MARIA R
24543 MOUNTAINVIEW DRIVE
BONITA SPGS, FL 34135 US

Name and Address of New Registered Agent:

GAMEZ, MARIA R
24543 MOUNTAIN VIEW DRIVE
BONITA SPRINGS,, FL 34135 US

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: MARIA R. GAMEZ 02/21/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAMEZ, PABLO
Address: 24543 MOUNTAINVIEW DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete
Name: GAMEZ, JUAN
Address: 24543 MOUNTAINVIEW DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST ( ) Delete
Name: GAMEZ, MARIA
Address: 24543 MOUNTAINVIEW DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GAMEZ, PABLO
Address: 24543 MOUNTAIN VIEW DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change ( ) Addition
Name: GAMEZ, JUAN P
Address: 24543 MOUNTAIN VIEW DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SEC (X) Change ( ) Addition
Name: GAMEZ, MARIA R
Address: 24543 MOUNTAIN VIEW DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TR ( ) Change (X) Addition
Name: GAMEZ, MARIA R
Address: 24543 MOUNTAIN VIEW DR.
City-St-Zip: BONITA SPRINGS,, FL 34135

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: MARIA R. GAMEZ SEC 02/21/2007
Electronic Signature of Signing Officer or Director Date