

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074431

FILED
Apr 22, 2008
Secretary of State

Entity Name: SUN STATE LANDSCAPING OF NORTH FLORIDA, INC.

Current Principal Place of Business:

12110 S HWY 441
BELLEVIEW, FL 34420

New Principal Place of Business:

4893 SW 45TH STREET
OCALA, FL 34474

Current Mailing Address:

8980 ERIE LANE
PARRISH, FL 34219

New Mailing Address:

FEI Number: 58-2487760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, CARLOS
8980 ERIE LANE
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, CARLOS
Address: 835 WILDWOOD DR
City-St-Zip: BARTOW, FL 33830

Title: VP () Delete
Name: HAND, RANDALL
Address: 3540 SR 64 WEST
City-St-Zip: WACHULA, FL 33873

Title: S () Delete
Name: HAND, RANDALL
Address: 3540 SR 64 WEST
City-St-Zip: WACHULA, FL 33873

Title: T () Delete
Name: ALVAREZ, CARLOS
Address: 835 WILDWOOD DR
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS ALVAREZ

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date