## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900075347 1. Entity Name

WISTERIA LANDSCAPE, INC.

Principal Place of Business Mailing Address

2464 ORSOTA CIRCLE OCOEE, FL 34761 1583 E SILVERSTAR RD. PMB # 342 OCOEE, FL 34761

## FILED May 02, 2008 08:00 AN Secretary of State

Fee Required

Daytime Phone #



| DO NOT WRITE IN THIS CRACE | 04292008 No Chg-P                | CR2E034 (11/05)   |  |
|----------------------------|----------------------------------|-------------------|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number                    | Applied For       |  |
|                            | 59-3596181                       | Not Applicable    |  |
|                            | 5. Certificate of Status Desired | \$8.75 Additional |  |

6. Name and Address of Current Registered Agent

VERJINSKI II, GORDON W. 2464 ORSOTA CIRCLE OCOEE, FL 34761

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| SIGNATURE  |  |   |                    |                                |   |  |
|--|--|---|--------------------|--------------------------------|---|--|
|  | Signature, typed or printed name of registered agent and title       | t applicable. (NOTE: Register                       | ed Agent signature | required when reinstating)     | DATE                                      |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00          | Election Campaign Fina     Trust Fund Contribution. |                    | \$5.00 May Be<br>Added to Fees | U00000344164<br>05/29/08~80089~004 150.00 |  |
| 10.  | OFFICERS AND DIREC   | TORS  |                    |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PST<br>VERJINSKI, GORDON II<br>2464 ORSOTA CIRCLE<br>OCOEE, FL 34761 |   |                    |                                |   |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |  |   |                    |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |                    | DO                             | NOT WRITE                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |                    | IN                             | THIS SPACE                                |  |
| TITLE NAME STREET ADDRESS 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. |  |   |                    |                                |   |  |

TED NAME OF SIGNING OFFICER OR DIRECTOR

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. | am familiar with, and accept