

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000078397
 1. Entity Name
 SOUTHERN STYLE LANDSCAPE AND MAINTENANCE, INC.



Principal Place of Business: 3163 HUNTINGTON DR. LARGO, FL 33771
 Mailing Address: 3163 HUNTINGTON DR. LARGO, FL 33771



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3595393 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 MORELLI, MICHAEL A
 3163 HUNTINGTON DR.
 LARGO, FL 33771

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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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORELLI, MICHAEL A
STREET ADDRESS	3163 HUNTINGTON DRIVE N
CITY - ST - ZIP	LARGO, FL 33771
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 08/26/05-80001-025 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 8/20/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #