



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90019 008 \*\*\*150.00

<b>DOCUMENT # P99000078506</b> 1. Entity Name <b>DAN'S LANDESCAPE, INC.</b>					
Principal Place of Business <b>1867 SOUTH ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825</b>			Mailing Address <b>7556 HIDDEN HOLLOW DR ORLANDO, FL 32825</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>32822</b>			
Zip	Country	Zip	Country		
					
01262007 Chg-P CR2E034 (12/06)					
4. FEI Number <b>59-3604912</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIEFFER, ROBERT W 319 NORTH FERNCREEK AVENUE ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent Name <b>Louise Ann Chapin</b> Street Address (P.O. Box Number is Not Acceptable) <b>7556 Hidden Hollow Dr</b> City <b>Orlando</b> <b>FL</b> <b>32822</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPIN, DAN <del>1867 SOUTH ECONLOCKHATCHEE TRAIL</del> ORLANDO, FL <del>32825</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CHAPIN, LOUISE ANN <del>1867 SOUTH ECONLOCKHATCHEE TRAIL</del> ORLANDO, FL <del>32825</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 <b>Louise Ann Chapin</b> <b>1-26-07</b> <b>407-275-0938</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					