

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # S27221

1. Entity Name
AMERICAN LANDSCAPE SERVICES, INC.



Principal Place of Business
**333 FALKENBURG RD
#A118
TAMPA, FL 33619 US**

Mailing Address
**P. O. BOX 6649
SEFFNER, FL 33584 US**



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3048683

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHWOPE RICHARD
333 FALKENBURG RD #A118
TAMPA, FL 33619**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 | S |
| NAME | RICHARD D. SCHWOPE |
| STREET ADDRESS | 3520 MOORES LAKE RD |
| CITY-ST-ZIP | DOVER, FL |
| TITLE | VP |
| NAME | RICHARD D. SCHWOPE |
| STREET ADDRESS | 3520 MOORES LAKE RD |
| CITY-ST-ZIP | DOVER, FL |
| TITLE | P |
| NAME | SCHWOPE, RICHARD D. |
| STREET ADDRESS | 3520 MOORES LAKE RD |
| CITY-ST-ZIP | OVER, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000258883
03/12/05-80001-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Richard D. Schwope Richard Schwope 3/8/2005 813/689-3987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #