

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90084 021 ***150.00

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

SCHWOPE RICHARD
333 FALKENBURG RD #A118
TAMPA FL 33619

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME RICHARD D. SCHWOPE
STREET ADDRESS 3520 MOORES LAKE RD
CITY-ST-ZIP DOVER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6904 Williams Rd
CITY-ST-ZIP Seffner FL 33584

TITLE VP ☐ Delete
NAME RICHARD D. SCHWOPE
STREET ADDRESS 3520 MOORES LAKE RD
CITY-ST-ZIP DOVER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6904 Williams Rd
CITY-ST-ZIP Seffner FL 33584

TITLE P ☐ Delete
NAME SCHWOPE, RICHARD D.
STREET ADDRESS 3520 MOORES LAKE RD
CITY-ST-ZIP OVER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6904 Williams Rd
CITY-ST-ZIP Seffner FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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: Richard D. Schwope / Richard D Schwope / 4/10/2006 / 813-689-3987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #