


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # S27221 1. Entity Name AMERICAN LANDSCAPE SERVICES, INC.	
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Principal Place of Business 6904 WILLIAMS RD SEFFNER, FL 33584 US	Mailing Address P. O. BOX 6649 SEFFNER, FL 33584 US
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3048683	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHWOPE RICHARD
6904 WILLIAMS RD
SEFFNER, FL 33584**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000939557 05/28/08-80033-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARD D. SCHWOPE 6904 WILLIAMS RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD D. SCHWOPE 6904 WILLIAMS RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWOPE, RICHARD D. 6904 WILLIAMS RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Richard D. Schwope **Richard D Schwope** 4/28/2008 813/689-3987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #