

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000075467

**Entity Name:** TROPICAL LANDSCAPE DESIGN & SERVICES, INC

**Current Principal Place of Business:**

5104 N. LAND O LAKES BLVD.  
LAND O LAKES, FL 34639

**Current Mailing Address:**

5104 N. LAND O LAKES BLVD.  
LAND O LAKES, FL 34639 US

**FEI Number:** 59-3805227

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLBROOK, MARY ELLEN B  
11525 MURCOTT WAY  
LAND O LAKES, FL 34638 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name HOLBROOK, R. ANTHONY  
Address 11525 MURCOTT WAY  
City-State-Zip: LAND O LAKES FL 34638

Title P  
Name HOLBROOK, RALPH A  
Address 11525 MURCOTT WAY  
City-State-Zip: LAND O' LAKES FL 34638

Title V  
Name HOLBROOK, RALPH A  
Address 11525 MURCOTT WAY  
City-State-Zip: LAND O' LAKES FL 34638

Title S  
Name HOLBROOK, MARY ELLEN B  
Address 11525 MURCOTT WAY  
City-State-Zip: LAND O' LAKES FL 34638

Title T  
Name HOLBROOK, MARY ELLEN B  
Address 11525 MURCOTT WAY  
City-State-Zip: LAND O' LAKES FL 34638

Title TR  
Name HOLBROOK, MARY ELLEN B  
Address 11525 MURCOTT WAY  
City-State-Zip: LAND O' LAKES FL 34638

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY ELLEN BUECHEL HOLBROOK

**SECRETARY**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date