

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000025777

**Entity Name:** PREMIER LAWNSCAPES, INC.

**Current Principal Place of Business:**

505 S PARKE VIEW DR  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

P.O. BOX 57238  
JACKSONVILLE, FL 32241

**FEI Number: 59-3176626**

**Certificate of Status Desired: No**

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

SANTO, KELLY M  
505 S PARKE VIEW DR  
JACKSONVILLE, FL 32259 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 PVST  
Name SANTO, KELLY M  
Address 505 S PARKE VIEW DR  
City-State-Zip: JACKSONVILLE FL 32259

Title D  
Name SANTO, KELLY M  
Address 505 S PARKE VIEW DR  
City-State-Zip: JACKSONVILLE FL 32259

Title V  
Name SANTO, JOHN R  
Address 505 S PARKE VIEW DR  
City-State-Zip: JACKSONVILLE FL 32259

*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: KELLY SANTO**

**PRESIDENT**

**04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date