

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000064212

**Entity Name:** FLORIDA LANDSCAPE CONSULTANTS, INC.**Current Principal Place of Business:**8501 SUNSTATE STREET  
TAMPA, FL 33634**Current Mailing Address:**8501 SUNSTATE STREET  
TAMPA, FL 33634**FEI Number:** 59-3465062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANCASTER, MICHAEL A  
17418 BROWN ROAD  
ODESSA, FL 33556 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	PRESIDENT, SECRETARY, DIRECTOR
Name	LANCASTER, MICHAEL A
Address	17418 BROWN ROAD
City-State-Zip:	ODESSA FL 33556

Title	DIRECTOR
Name	BOHANNON, HERMAN B
Address	11724 PHOENIX CIRCLE
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	BOGMAN, AMY J
Address	13473 DRYSDALE STREET
City-State-Zip:	SPRINGHILL FL 34609

Title	DIRECTOR
Name	ALCAIDE, JUAN C
Address	9250 CHRISTINE LANE
City-State-Zip:	SPRINGHILL FL 34608

Title	DIRECTOR
Name	MACWILLIAM, JAMES A
Address	21845 PANTHER WAY
City-State-Zip:	LAND O LAKES FL 34639

Title	DIRECTOR
Name	EBANKS, THOMAS W
Address	3529 WILLISTON LOOP
City-State-Zip:	LAND O LAKES FL 34639

*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: MICHAEL A LANCASTER****PRESIDENT****03/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date