


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90013 032 \*\*\*150.00

**DOCUMENT # F02000000038**

1. Entity Name  
**LANDSCAPE FORMS, INC.**



Principal Place of Business      Mailing Address  
**431 LAWDALE AVE.**      **431 LAWDALE AVE.**  
**KALAMAZOO, MI 49048**      **KALAMAZOO, MI 49048**

**40038969**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**431 LAWDALE AVENUE**      **431 LAWDALE AVENUE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02232007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**KALAMAZOO, MICHIGAN**      **KALAMAZOO, MICHIGAN**  
 Zip      Country      Zip      Country  
**49048**      **U.S.A.**      **49048**      **U.S.A.**

4. FEI Number      Applied For  
**38-1897577**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GAP ARCHITECTURAL PRODUCTS**  
**2255 HOWARD DRIVE**  
**WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAIN, WILLIAM C	
STREET ADDRESS	10035 WOODLAWN DRIVE	
CITY-ST-ZIP	PORTAGE, MI 49002	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUTTER, CONRAD T	
STREET ADDRESS	6375 WHITNEY WOODS	
CITY-ST-ZIP	RICHLAND, MI 49083	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHIPMAN, JOHN E	
STREET ADDRESS	8395 EAST MAIN ST.	
CITY-ST-ZIP	GALESBURG, MI 49053	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BOYLE, ROBERT	
STREET ADDRESS	521 S RIVERVIEW DR	
CITY-ST-ZIP	PARCHMENT, MI 49004	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, GRANT	
STREET ADDRESS	5861 SWALLOW	
CITY-ST-ZIP	KALAMAZOO, MI 49009	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, BRIAN	
STREET ADDRESS	570 ALABAMA STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA 94110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, BRIAN M.	
STREET ADDRESS	10169 WOODLAWN	
CITY-ST-ZIP	PORTAGE, MICHIGAN 49002	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERIFORD, RICHARD.	
STREET ADDRESS	16466 CIRCLE COURT	
CITY-ST-ZIP	NEW BUFFALO, MICHIGAN 49117	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIPMAN, PATRICIA	
STREET ADDRESS	8395 EAST MAIN	
CITY-ST-ZIP	GALESBURG, MICHIGAN 49053	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULGONI, REBECCA	
STREET ADDRESS	2472 WEST C AVENUE	
CITY-ST-ZIP	KALAMAZOO, MICHIGAN 49009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIPMAN, JOHN A.	
STREET ADDRESS	8168 FERNWOOD	
CITY-ST-ZIP	AUGUSTA, MICHIGAN 49012	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YURK, ARNO	
STREET ADDRESS	1903 WAITE AVENUE	
CITY-ST-ZIP	KALAMAZOO, MICHIGAN 49008	

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:       Date: **3/13/07**      Daytime Phone #: **269 381 4190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #      **X241**