


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90042 010 \*\*\*150.00

**DOCUMENT # P0300000591**  
 1. Entity Name  
**NEWBERRY LANDSCAPE, INC.**



Principal Place of Business  
 30154 CEDAR RD  
 PUNTA GORDA, FL 33982

Mailing Address  
 30154 CEDAR RD  
 PUNTA GORDA, FL 33982

**DO NOT WRITE IN THIS SPACE**

*600532217*



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 2-0579182

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 NEWBERRY, CHRIS E  
 30154 CEDAR RD  
 PUNTA GORDA, FL 33982

**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 *Chris Newberry*  
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEWBERRY, CHRIS E 30154 CEDAR RD PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NEWBERRY, DONALD E 12304 CARAVAN DR PUNTA GORDA, FL 33855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWBERRY, JEAN 30154 CEDAR RD PUNTA GORDA, FL 33982
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: *Chris Newberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #