


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000000591

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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0579182

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* **Chris Newberry Pres** 1/4/08
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, 2008 Fee will be \$550.00**

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

000000847837
 03/19/08-80035-014 150.00

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* **Chris Newberry Pres** 2-6-08 (941) 628-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #