

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 549548

1. Entity Name
CLASSIC LANDSCAPE & IRRIGATION, INC.



Principal Place of Business
5950 S.E. 138TH ST
HOBE SOUND, FL 33455 US

Mailing Address
8756 SE BAHAMA CIRCLE
HOBE SOUND, FL 33455 US



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1784773

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, DONALD A.
8756 SE BAHAMA CIRCLE
HOBE SOUND, FL 33455

**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 _____

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 PD
NAME JENKINS, PAULA K.
STREET ADDRESS 8756 SE BAHAMA CIRCLE
CITY-ST-ZIP HOBE SOUND, FL

TITLE STD
NAME JENKINS, DONALD A.
STREET ADDRESS 8756 SE BAHAMA CIRCLE
CITY-ST-ZIP HOBE SOUND, FL

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U00000714903
04/27/07-80042-002 150.00

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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:

Paula K Jenkins PAULA K JENKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 772 546 6496
Date Daytime Phone #