

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 636048 1. Entity Name B & L LANDSCAPE COMPANY, INC.	
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Principal Place of Business 7748 SPANER RD POB 24384 JAX, FL 32241 US	Mailing Address 7748 SPANER ROAD PO BOX 24384 JACKSONVILLE, FL 32256-1440
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1938351	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

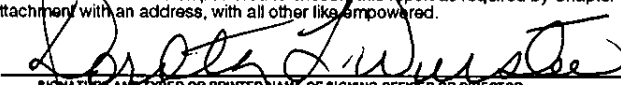
6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L 1930 SAN MARCO BLVD JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WURSTER, MELVIN E 12111 CATTAIL DR W JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WURSTER, DOROTHY L 12111 CATTAIL DR W JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSA WURSTER, KIRK E. 2757 LACITO CREEK DR W JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WURSTER, MELVIN E 12111 CATTAIL DR W JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WURSTER, DOROTHY L 12111 CATTAIL DR W JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80034-001 150.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1/4/07 904-262-1264 Daytime Phone #