2008 FOR PROFIT CORPORATION

Jan 28, 2008 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT #666097** 1. Entity Name ZENTZ LANDSCAPE/NURSERY, INC. Principal Place of Business Mailing Address 17050 SLATER RD. 17050 SLATER RD. NORTH FORT MYERS, FL 33917-6701 NORTH FORT MYERS, FL 33917-6701 01182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1996896 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DO NOT WRITE** ZENTZ, EDWARD L 17050 SLATER RD. N. FORT MYERS, FL IN THIS SPACE FORT MYERS, FL 33917 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ZENTZ, EDWARD L NAME STREET ADDRESS 17050 SLATER RD. N FT MYERS, FL 33903, CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

FILED