

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000552

FILED
Apr 29, 2008
Secretary of State

Entity Name: JOHN DEERE LANDSCAPES, INC.

Current Principal Place of Business:

5610 MCGINNIS FERRY ROAD
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

ONE JOHN DEERE PLACE
C/O DEERE & CO TAX DEPT
MOLINE, IL 61265

New Mailing Address:

FEI Number: 36-4485550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: WERNING, DAVID P
Address: 5610 MCGINNIS FERRY ROAD
City-St-Zip: ALPHARETTA, GA 30005

Title: V/D () Delete
Name: JONES, NATHAN J
Address: 2000 JOHN DEERE RUN
City-St-Zip: CARY, NC 27513

Title: S () Delete
Name: HOWZE, MARC
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: T () Delete
Name: MICHAEL, MACK J JR
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: AS () Delete
Name: JARRETT, THOMAS K
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change () Addition
Name: FIELD, JAMES M
Address: 2000 JOHN DEERE RUN
City-St-Zip: CARY, NC 27513

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DAVLIN, JAMES A
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS K JARRETT

AS

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date