

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77453

FILED
Feb 06, 2007
Secretary of State

Entity Name: MCCALL NURSERY & LANDSCAPE, INC.

Current Principal Place of Business:

5877 SW 54 COURT
DAVIE, FL 33314

New Principal Place of Business:

5200 SW 58 AVENUE
DAVIE, FL 33314

Current Mailing Address:

5877 SW 54 COURT
DAVIE, FL 33314

New Mailing Address:

FEI Number: 59-2351416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, LESLIE
5877 SW 54 COURT
DAVIE, FL 33314 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: PRES () Delete
Name: MCCALL, RICHARD A., JR.
Address: 5925 SW 54 CT
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: MCCALL, RALPH R.,
Address: 6075 SW 55 PLACE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: SCHROEDER, LESLIE M.,
Address: 5877 SW 54 CT
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: TINDALL, STEPHANIE M.
Address: 5483 SW 60 AVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE M SCHROEDER

VP

02/06/2007

Electronic Signature of Signing Officer or Director

Date