

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # **G92395**

1. Entity Name

**FLYNN'S NURSERY & LANDSCAPING, INC.**



Principal Place of Business

Mailing Address

% THOMAS G. FLYNN  
1323 SE 33RD TERRACE  
OCALA FL 34471

% THOMAS G. FLYNN  
1323 SE 33RD TERRACE  
OCALA FL 34471



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2353524**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLYNN, THOMAS G**  
**1323 SE 33RD TERRACE**  
**OCALA FL 34471**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PD  
FLYNN, THOMAS G.  
1323 SE 33RD TERR  
OCALA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

U00000668444  
03/27/07-80030-022 150.00

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Thomas G. Flynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07 352 6945400  
Date Daytime Phone #