2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 08:00 A Secretary of State

1. Entity Name KEYSTONE HORTICULTURAL SERVICES, INC.	Secretary of St
Principal Place of Business Mailing Address 19507 PINE TREE RD. 19507 PINE TREE RD. ODESSA, FL 33556 US ODESSA, FL 33556 US	
	CR2E034 (11/05) Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
LAWHEAD, DAN 19507 PINE TREE RD ODESSA, FL 33556 IN THIS SPA	
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 NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS	
TITLE DP NAME LAWHEAD, DAN STREET ADDRESS 19507 PINE TREE RD CITY-ST-ZIP ODESSA, FL	
NAME SIREET ADDRESS CITY-ST-ZIP	000683147 07-80033-010 150.00
TITLE NAME STREET ADDRESS CITY- ST-ZIP DO NOT WF	
IN THIS SPA	ACE
TITLE NAME SIRELT ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I fur	

12. Thereby certify that the information supplied with this litting does not quality 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 orath, 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

3-27-07 813 920-5272

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