

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90052 047 ***158.75

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|--|--|---|---|--|--|
| DOCUMENT # L69565 1. Entity Name RED BARON LANDSCAPE AND DESIGN, INC. | | | | | |
| Principal Place of Business 9518 OSPREY ISLES BLVD WEST PALM BEACH, FL 33412 US | | | Mailing Address P.O. BOX 542047 LAKE WORTH, FL 33454-2047 US | | |
| 2. Principal Place of Business - No P.O. Box # 5913 Brae Burn Circle Suite, Apt. #, etc. | | 3. Mailing Address 5913 Brae Burn Circle Suite, Apt. #, etc. | | | |
| City & State Vero Beach, Fl. | | City & State Vero Beach, Fl. | | 4. FEI Number 65-0194507 | |
| Zip 32967 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KREMPOSKY, GERALD A. 9518 OSPREY ISLES BLVD WEST PALM BEACH, FL 33412 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5913 Brae Burn Circle City Vero Beach FL Zip Code 32967 | | |
| 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: GERALD A. Kremposky <i>President</i> 4/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP | P KREMPOSKY, GERALD A. 9518 OSPREY ISLES BLVD WEST PALM BEACH, FL 33412 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Kremposky, Gerald A. 5913 Brae Burn Circle Vero Beach, Fl. 32967 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS KREMPOSKY, LINDA L. 9518 OSPREY ISLES BLVD WEST PALM BEACH, FL 33412 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS Kremposky, Linda L. 5913 Brae Burn Circle Vero Beach, Fl. 32967 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KREMPOSKY, BRIAN 9518 OSPREY ISLES BLVD WEST PALM BEACH, FL 33412 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Kremposky, Brian 5913 Brae Burn Circle Vero Beach, Fl. 32967 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: GERALD A. Kremposky <i>Pres</i> | | | 4/12/07 772-563-2982 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |