

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90005 028 \*\*\*550.00

**DOCUMENT # P00000000933**

1. Entity Name

**SECOND HAND ROSE NURSERY AND LANDSCAPING,  
INC.**



Principal Place of Business

**2315 BEACH BOULEVARD  
SUITE 203  
JACKSONVILLE BEACH, FL 32250**

Mailing Address

**2315 BEACH BOULEVARD  
SUITE 203  
JACKSONVILLE BEACH, FL 32250**

40119043



**DO NOT WRITE IN THIS SPACE**

05242007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3621401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STONEBURNER BERRY AND SIMMONS, P.A.  
841 PRUDENTIAL DRIVE  
SUITE 1400  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOODBURN, HENRY P
STREET ADDRESS	2315 BEACH BLVD #203
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Henry P. Woodburn III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/07

Date

904 242-4555

Daytime Phone #

Henry P. Woodburn III