

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90041 042 ***150.00

DOCUMENT # P00000026558

1. Entity Name

KINNEBREW DAYLILLY GARDEN, INC.



Principal Place of Business

6044 PALM ST
SCOTTSMORE F; 32775

Mailing Address

P. O. BOX 224
SCOTTSMOOR FL 32775-0224



2. Principal Place of Business

6044 PALM ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 224

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

SCOTTSMOOR

City & State

FLORIDA

4. FEI Number

59-3628955

Applied For

Not Applicable

Zip

32775

Country

FLORIDA US

Zip

32775

Country

FLORIDA US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINNEBREW, MARJORIE
6044 PALM ST.
SCOTTSMOOR FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

KINNEBREW DAYLILLY GARDEN INC. Marjorie Kinnebrew President

1-18-06

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, 2006 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

TITLE PS
NAME KINNEBREW, MARJORIE ☐ Delete
STREET ADDRESS P. O. BOX 224
CITY-ST-ZIP SCOTTSMOOR FL 32775-0224

TITLE VT
NAME KINNEBREW, JOHN L ☐ Delete
STREET ADDRESS P. O. BOX 224
CITY-ST-ZIP SCOTTSMOOR FL 32775-0224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marjorie Kinnebrew

President 1-19-06 327-261-1985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #