

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000026558

1. Entity Name

KINNEBREW DAYLILLY GARDEN, INC.



FILED
Jul 18, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

City & State

4. FEI Number 59-3628955

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINNEBREW, MARJORIE
6044 PALM ST.
SCOTTSMOOR FL

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 \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000955595
07/18/08-80004-006 550.00

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

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

TITLE ☐ Delete
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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 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: *Marjorie Kinnebrew* MARJORIE KINNEBREW 7/16/08 (321-267-7985)