

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90492 040 ***150.00

DOCUMENT # P00000026558



1. Entity Name
KINNEBREW DAYLILLY GARDEN, INC.

Principal Place of Business
P. O. BOX 224
SCOTTSMOOR FL 32775-0224

Mailing Address
P. O. BOX 224
SCOTTSMOOR FL 32775-0224



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6044 PALM ST
Suite, Apt. #, etc.
(6044)

3. Mailing Address
P.O. Box 224
Suite, Apt. #, etc.

City & State
SCOTTSMOOR FL

City & State
SCOTTSMOOR FL

4. FEI Number **59-3628955**
Applied For
 Not Applicable

Zip **32775** Country **FLORIDA**

Zip **32775** Country **FLORIDA**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	<input type="checkbox"/> Delete
NAME KINNEBREW, MARJORIE	
STREET ADDRESS P. O. BOX 224	
CITY-ST-ZIP SCOTTSMOOR FL 32775-0224	
TITLE VT	<input type="checkbox"/> Delete
NAME KINNEBREW, JOHN L	
STREET ADDRESS P. O. BOX 224	
CITY-ST-ZIP SCOTTSMOOR FL 32775-0224	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* Jan. 17, 03 321-267-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)