

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

pd 2/6/07
FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P0000080623

1. Entity Name
LANDSCAPE DESIGN BY GARDENS, INC.



Principal Place of Business
**3303 ALMANAC RD
TALLAHASSEE, FL 32309**

Mailing Address
**3303 ALMANAC RD
TALLAHASSEE, FL 32309**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3668159	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOLLAR, AMANDA PACE
3303 ALMANAC RD
TALLAHASSEE, FL 32309**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOLLAR, AMANDA PACE
STREET ADDRESS	3303 ALMANAC RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309

TITLE	V
NAME	KOLLAR, WILLIAM B
STREET ADDRESS	3303 ALMANAC ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80051-025 150.00

**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: Amanda Pace Kollar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-323-1700

Date _____ Daytime Phone # _____