2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# P00000114814

Entity Name: TOTAL LANDSCAPE SUPPLY, INC.

Current Principal Place of Business:

2225 S. JEFFERSON ST.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

PO BOX 697
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 59-3677060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRD, T. BUCKINGHAM
165 E DOGWOOD ST.
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BESHEARS, HALSEY
Address: 2525 S. JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

Title: STD ( ) Delete
Name: BESHEARS, ROB
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: D (X) Delete
Name: BESHEARS, FRED
Address: 52 NACOOSA RD
City-St-Zip: MONTICELLO, FL 32344

Title: SEC ( ) Delete
Name: BESHEARS, THAD H
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HALSEY BESHEARS PD 02/15/2007

Electronic Signature of Signing Officer or Director — Date