2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM Secretary of State

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1. Entity Name

B AND T'S LANDSCAPE NURSERY, INC.



Principal Place of Business

Mailing Address

4500 DORA RD MT DORA, FL 32757 P O BOX 73

ZELLWOOD, FL 32798



DO NOT WRITE IN THIS SPACE

02162007	No Chg-P	CR2E034 (11/05)
4 EEI Number		Applied For

59-3749883 5. Certificate of Status Desired Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, DOUGLAS V 4500 DORA RD MOUNT DORA, FL 32757

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	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	ffice or	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or proted name of registered agent and title it	applicable. (NOTE: Registered Ag	ent signatur	e required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, DOUGLAS V PO BOX 374 ZELLWOOD, FL 32798					
TITLE NAME Street address City-St-Zip		, , , , , , , , , , , , , , , , , , , ,			U00000677813 04/02/07-80008-007 150.0	
TITLE NAME STREET ADDRESS CITY-S1-ZIP			. <u>-</u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIILE NAME STREET ADDRESS CITY-ST-ZIP						

curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachmen

NING OFFICER OR DIRECTOR