

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90008 013 ***150.00

DOCUMENT # P02000028845					
1. Entity Name DECORATOR MULCH, INC.					
Principal Place of Business 10606 HWY 121 NORTH 4023 NW 34 PL GAINESVILLE, FL 32653 Gainesville FL 32606			Mailing Address 4023 NW 34TH PL C/O SUSAN WRIGHT GAINESVILLE, FL 32653		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0009091	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASTON, WILLIAM 10606 N. STATE ROAD 121 GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name: Joshua S. Bryant Street Address (P.O. Box Number is Not Acceptable): 8109 SW County Rd 341 City: Trenton FL 32693		
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: <u>Joshua S. Bryant</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME GREENE, JAMES	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	NAME Joshua S. Bryant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4740 SW 103RD WAY	CITY - ST - ZIP GAINESVILLE, FL 32608		STREET ADDRESS 8109 SW County Rd 341	CITY - ST - ZIP TRENTON, FL 32693	
TITLE VD	NAME GASTON, WILLIAM	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Melody V Bryant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10606 N. STATE ROAD 121	CITY - ST - ZIP GAINESVILLE, FL 32653		STREET ADDRESS 8109 SW County Rd 341	CITY - ST - ZIP TRENTON, FL 32693	
TITLE CEO	NAME GASTON, LEVIN P	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5101 NW 65TH LANE	CITY - ST - ZIP GAINESVILLE, FL 32653		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 		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: <u>Joshua S. Bryant</u>			Joshua S. Bryant		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		