2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094684

Entity Name: KERBY'S NURSERY & LANDSCAPING, INC

FILED Mar 02, 2007 Secretary of State

Entity Name: KERBY'S NURSERY & LANDSCAPING, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
2311 S. PA SEFFNER,	RSONS AVEN FL 33584	UE				
Current Mailing Address:			New Maili	New Mailing Address:		
2311 S. PA SEFFNER,	RSONS AVEN FL 33584	UE				
FEI Number:	72-1532991	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
KERBY, LA 2907 BEAG SEFFNER,	ILE PLACE	US	1301 ALCC	IMBERLY J DMA DRIVE I, FL 33510	US	
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E: KIMBERL	Y J. BOKOR			03/02/2007	
	Electron	c Signature of Registered Age	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () KERBY, LARRY 2907 BEAGLE F SEFFNER, FL	PLACE	Title: Name: Address: City-St-Zip:	D (X) KERBY, LARRY 2907 BEAGLE SEFFNER, FL	PLACE	
Title: Name: Address: City-St-Zip:	DS () KERBY, VICTOR 2907 BEAGLE F SEFFNER, FL	PLACE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DT () BOKOR, KIMBE 1301 ALCOMA I BRANDON, FL	DRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () KERBY, MARK A 605 STONE DRI BRANDON, FL	VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () BOKOR, JOSEF 1301 ALCOMA I BRANDON, FL	DRIVE	Title: Name: Address: City-St-Zip:	DP (X) BOKOR, JOSE 1301 ALCOMA BRANDON, FL	DRIVE	

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: KIMBERLY J. BOKOR DT 03/02/2007