

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094684

FILED
Feb 08, 2008
Secretary of State

Entity Name: KERBY'S NURSERY & LANDSCAPING, INC.

Current Principal Place of Business:

2311 S. PARSONS AVENUE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

2311 S. PARSONS AVENUE
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 72-1532991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOKOR, KIMBERLY J
1301 ALCOMA DRIVE
BRANDON, FL 33510 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: D () Delete
Name: KERBY, LARRY T
Address: 2907 BEAGLE PLACE
City-St-Zip: SEFFNER, FL 33584

Title: DS () Delete
Name: KERBY, VICTORIA J
Address: 2907 BEAGLE PLACE
City-St-Zip: SEFFNER, FL 33584

Title: DT () Delete
Name: BOKOR, KIMBERLY J
Address: 1301 ALCOMA DRIVE
City-St-Zip: BRANDON, FL 33510

Title: DVP () Delete
Name: KERBY, MARK A
Address: 605 STONE DRIVE
City-St-Zip: BRANDON, FL 33510

Title: DP () Delete
Name: BOKOR, JOSEPH L
Address: 1301 ALCOMA DRIVE
City-St-Zip: BRANDON, FL 33510

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:

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

I hereby certify that the information supplied with this filing does not qualify 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

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date