

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 010 ***150.00

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1. Entity Name
NEWBERRY LANDSCAPE, INC.



Principal Place of Business
**30154 CEDAR RD
PUNTA GORDA, FL 33982**

Mailing Address
**30154 CEDAR RD
PUNTA GORDA, FL 33982**

60033217



DO NOT WRITE IN THIS SPACE

02172007 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0579182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWBERRY, CHRIS E
30154 CEDAR RD
PUNTA GORDA, FL 33982**

**DO NOT WRITE
IN THIS SPACE**

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

Chris Newberry

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWBERRY, CHRIS E
STREET ADDRESS	30154 CEDAR RD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	VSD
NAME	NEWBERRY, DONALD E
STREET ADDRESS	12304 CARAVAN DR
CITY-ST-ZIP	PUNTA GORDA, FL 33855
TITLE	T
NAME	NEWBERRY, JEAN
STREET ADDRESS	30154 CEDAR RD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Chris Newberry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #