


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90036 038 \*\*\*150.00

**DOCUMENT # P03000123139**

1. Entity Name  
**LARRY'S IRRIGATION AND LANDSCAPING, INC.**



Principal Place of Business      Mailing Address  
**7560 ALTAMONT AVENUE**      **P.O. BOX 447**  
**WAVERLY FL 33877**      **WAVERLY FL 33877**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**WHITE, LARRY C**  
**7560 ALTAMONT AVENUE**  
**WAVERLY FL 33877**

7. Name and Address of New Registered Agent

Name  
**White, Larry C.**

Street Address (P.O. Box Number Not Acceptable)  
**7560 White Hill Lane**

City **WAVERLY**      FL      Zip Code **33877**

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 *Larry C. White*      DATE **1/25/08**

Signature, typed or printed name of registered agent and date of application.      NOTE: Registered Agent signature required when transferring.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, LARRY C	
STREET ADDRESS	7560 ALTAMONT AVENUE	
CITY-ST-ZIP	WAVERLY FL 33877	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, DELORES D	
STREET ADDRESS	7560 ALTAMONT AVENUE	
CITY-ST-ZIP	WAVERLY FL 33877	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Larry C.	
STREET ADDRESS	7560 White Hill Lane	
CITY-ST-ZIP	Waverly, FL 33877	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Delores D.	
STREET ADDRESS	7560 White Hill Lane	
CITY-ST-ZIP	Waverly, FL 33877	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Larry C. White*      **LARRY C. WHITE**      DATE: **1/25/08**      DAYTIME PHONE: **863-439-3080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #