

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (113)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90049 028 \*\*\*150.00

DOCUMENT # P03000136741

1. Entity Name

BABER GROUP LANDSCAPERS, INC.



Principal Place of Business  
1259 MARK BAYOU RD  
SANTA ROSA BEACH FL 32549

Mailing Address  
P O BOX 6306  
MIRAMAR BEACH FL 32550



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

244 S. ZANDER WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 6306

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State  
SANTA ROSA BEACH, FLORIDA

City & State  
MIRAMAR BEACH, FL.

4. FEI Number 20-0460705

Applied For  
Not Applicable

Zip  
32459

Country USA  
WILTON CO.

Zip  
32550

Country USA  
WILTON CO.

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

6. Name and Address of Current Registered Agent

BABER, JIM  
244 SOUTH ZANDER WAY  
SANTA ROSA BEACH FL 32549

7. Name and Address of New Registered Agent

Name JIMBABER

Street Address (P.O. Box Number is Not Acceptable)

# 244 S. ZANDER WAY

WILTON CO.

City SANTA ROSA BEACH, FL.

Zip Code 32459

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

JIMBABER, OWNER, PRESIDENT Jim Baber 01-30-07

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**  
**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 ☐ Delete  
NAME BABER, JIMMY G  
STREET ADDRESS 224 SOUTH ZANDER WAY  
CITY - ST - ZIP SANTA ROSA BEACH FL 32549

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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:

JIMBABER, Jim Baber

01-30-07

850X022-1415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #