

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90029 001 ***150.00

DOCUMENT # P03000136741

1. Entity Name

BABER GROUP LANDSCAPERS, INC.



Principal Place of Business

244 S. ZONDER WAY
SANTA ROSA BEACH FL 32459

OFFICE ↑

Mailing Address

P O BOX 6306
MIRAMAR BEACH FL 32550



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

NURSERY CHURCH CHAPMAN AT, P.O. BOX 6306

Suite, Apt. #, etc.

NO ST. ADDRESS

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

SANTA ROSA Bch, FL

Zip

32459

Country

WALTON

City & State

MIRAMAR Bch, FL

Zip

32550

Country

WALTON

4. FEI Number

20-0460705

Applied For

Not Applicable

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 32459

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Jim Baber, JIM BABER, OWNER, PRESIDENT

01-30-08

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

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

Jim Baber, JIM BABER, PRES. 01-30-08 850-585-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #