

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139658

FILED
Apr 23, 2008
Secretary of State

Entity Name: ADA'S NURSERY & LANDSCAPING INC.

Current Principal Place of Business:

396 URANUS TRAIL
OSTEEN, FL 32764 US

New Principal Place of Business:

32426 WACASSA TR.
SORRENTO, FL 32776 US

Current Mailing Address:

P.O. BOX 995
OSTEEN, FL 32764 US

New Mailing Address:

32426 WACASSA TR.
SORRENTO, FL 32776

FEI Number: 03-0531943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAHLMAN, ADA
396 URANUS TRAIL
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

STAHLMAN, ADA
32426 WACASSA TR.
SORRENTO, FL 32776 US

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:

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAHLMAN, ADA
Address: P.O. BOX 995
City-St-Zip: OSTEEN, FL 32764 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STAHLMAN, ADA R P
Address: 32426 WACASSA TR.
City-St-Zip: SORRENTO, FL 32776 US

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: ADA STAHLMAN

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date