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Jul 27, 2007 8:00 am
Secretary of State
05-04-2007 90092 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000018740

1. Entity Name
K & B LANDSCAPING INC.

66020639

Principal Place of Business	Mailing Address
205 COMPETITION DR. KISSIMMEE, FL 34743	205 COMPETITION DR. KISSIMMEE, FL 34743

04202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	3025 JULIP DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: KISSIMMEE, FL
Zip / Country	Zip: 34744 Country: OSCEOLA

4. FEI Number: 20-0584866 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, SHEYLLA
3025 JULIP DR.
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name: GARCIA SHEYLLA
Street Address (P.O. Box Number is Not Acceptable): 3025 JULIP DR
City: KISSIMMEE FL Zip Code: 34744

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: [signature]
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRES NAME: SHEYLLA GARCIA STREET ADDRESS: 3025 JULIP DR CITY-ST-ZIP: KISSIMMEE, FL 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #