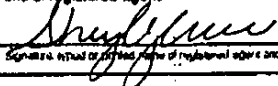
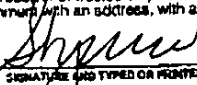


FILED
Jul 27, 2007 8:00 am
Secretary of State

05-04-2007 90092 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000018740			
1. Entity Name K & B LANDSCAPING INC.			
Principal Place of Business 205 COMPETITION DR. KISSIMMEE, FL 34743		Mailing Address 205 COMPETITION DR. KISSIMMEE, FL 34743	
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	Country 34744 FL OSCOLA
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:  DATE: _____ SIGNATURE: Signature of individual or officer of registered agent and shall be applicable. (NOTE: Registered Agent signature is required when transferring)			
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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition PRES SHEYLLA GARCIA 3025 JULIP DR KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 recorder 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:  DATE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			