## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P05000053068 05-14-2007 90065 009 \*\*\*150.00 SOWING SEED LANDSCAPING, INC. Mailing Address Principal Place of Business 66019791 8437 ROCKRIDGE CT P.O. BOX 6764 JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32236 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2618946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DONALD, TIMOTHY-W JR DO NOT WRITE 8437 ROCKRIDGE CT JACKSONVILLE, FL 32244-DU IN THIS SPACE is 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 (NOTE: Registered Agent signature required when reinstelling) 9/Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 VP TITLE DONALD, TIMOTHY W JR NALES STREET ADDRESS 8437 ROCKRIDGE CT CITY-ST-ZIP JACSONVILLE, FL 32244 HILE NAME DONALD, NATALIE E STREET ADDRESS 8437 ROCKRIDGE CT CITY-ST-ZIP JACKSONVILLE, FL 32244 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

TIMOTHY W. DONALD, JR., V PRESIDENT 4/2010

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 25, 2007 8:00 am