

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000069931

1. Entity Name  
BARRYS LAWN CARE & LANDSCAPING, INC.



Principal Place of Business  
1023 MOCKINGBIRD RD  
WAUCHULA, FL 33873

Mailing Address  
1023 MOCKINGBIRD RD  
WAUCHULA, FL 33873



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-2082287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHNABLE, BARRY L JR.  
1023 MOCKINGBIRD RD  
WAUCHULA, FL 33873

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

TITLE	P/D
NAME	SCHNABLE, BARRY L JR
STREET ADDRESS	1023 MOCKINGBIRD RD
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	VP/T
NAME	SCHNABLE, AMBER
STREET ADDRESS	1023 MOCKINGBIRD RD
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	S
NAME	MARBLE, JOE
STREET ADDRESS	218 MARGETTE DR
CITY-ST-ZIP	AVON PARK, FL 33834

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636621  
02/26/07-80027-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*BARRY L. SCHNABLE JR*

02-12-07

Date

863-781-2171

Daytime Phone #