

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90038 003 ***150.00

40020067



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2918782 Applied For Not Applicable

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

DOCUMENT # P05000074642
1. Entity Name
FIRST COAST LANDSCAPE SUPPLY, INC.



Principal Place of Business
270 COLLEGE DR.
ORANGE PARK, FL 32065

Mailing Address
P.O. BOX 844
MIDDLEBURG, FL 32050-0844

2. Principal Place of Business - No P.O. Box #
274 College Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State

Zip
32065

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent
GRIFFIN, SCOTT
947 WASHINGTON AVE.
ORANGE PARK, FL 32065

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5807 SR 21
City
Keystone Heights
FL
Zip Code
32656

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIFFIN, SCOTT 947 WASHINGTON AVE. ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5807 SR 21 Keystone Heights, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott Griffin Jan 8, 2007 (904) 276-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #