

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089259

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PLANT MASTERS LANDSCAPING OF FLORIDA, INC.

## Current Principal Place of Business:

449 LAKE DIAMOND AVE  
OCALA, FL 34472

## New Principal Place of Business:

505 N.E. 58TH AVE  
OCALA, FL 34470

## Current Mailing Address:

449 LAKE DIAMOND AVE  
OCALA, FL 34472

## New Mailing Address:

505 N.E. 58TH AVE  
OCALA, FL 34470

FEI Number: 56-2598453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, RONALD T  
449 LAKE DIAMOND AVE  
OCALA, FL 34472 US

## Name and Address of New Registered Agent:

WRIGHT, RONALD T  
505 N.E. 58TH AVE  
OCALA, FL 34470 US

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.

SIGNATURE:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WRIGHT, RONALD T  
Address: 449 LAKE DIAMOND AVE  
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete  
Name: WRIGHT, BARBARA R  
Address: 449 LAKE DIAMOND AVE  
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete  
Name: WRIGHT, BARBARA R  
Address: 449 LAKE DIAMOND AVE  
City-St-Zip: OCALA, FL 34472

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WRIGHT, RONALD T  
Address: 505 N.E. 58TH AVE  
City-St-Zip: OCALA, FL 34470

Title: VP (X) Change ( ) Addition  
Name: WRIGHT, BARBARA R  
Address: 505 N.E. 58TH AVE  
City-St-Zip: OCALA, FL 34470

Title: S (X) Change ( ) Addition  
Name: WRIGHT, BARBARA R  
Address: 505 N.E. 58TH AVE  
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA R. WRIGHT

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date