

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089259

FILED
Sep 04, 2008
Secretary of State

Entity Name: PLANT MASTERS LANDSCAPING OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3941 S. SONNY TERRACE
HOMOSASSA, FL 34448

Current Mailing Address:

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

New Mailing Address:

3941 S. SONNY TERRACE
HOMOSASSA, FL 34448

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

Name and Address of New Registered Agent:

WRIGHT, RONALD T
3941 S. SONNY TERRACE
HOMOSASSA, FL 34448 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:

09/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT, RONALD T
Address: 3941 S. SONNY TERRACE
City-St-Zip: HOMOSASSA, FL 34448

Title: VP (X) Change () Addition
Name: WRIGHT, BARBARA R
Address: 3941 S. SONNY TERRACE
City-St-Zip: HOMOSASSA, FL 34448

Title: S (X) Change () Addition
Name: WRIGHT, BARBARA R
Address: 3941 S. SONNY TERRACE
City-St-Zip: HOMOSASSA, FL 34448

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

09/04/2008

Electronic Signature of Signing Officer or Director

Date