## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P06000101686 07 OCT 18 PM 2: 53 1. Entity Name MT IRRIGATION & LANDSCAPING, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 12469 ANESWORTH COURT 12469 ANESWORTH COURT JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 20-5320713 Not Applicable Country Country \$8.75 Additional ai≜ 5. Certificate of Status Desired Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NGUYEN-SARLI, THANH T ox Number is Not Acceptable) 12469 ANESWORTH COURT JACKSONVILLE, FL 32225 Zip Code ろよよる JACKSONVILLE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PST Change Addition . Delete HILE THILE NGUYEN-SARLI, THANH T NAME NAME STREET ADDRESS STREET ADDRESS 12469 ANESWORTH COURT JACKSONVILLE, FL 32225 CITY-S1-ZIP CITY - S1 - ZIP DST (Change VΡ Addition ☐ Delete TITLE TITLE Long, Nonth 12464 Anesworth Cover LONG, MONTE NAME NAME STREET ADDRESS 12469 ANESWORTH COURT STREET ADDRESS JACKSONVILLE, FL. 32225 CITY-ST-ZIP JACKSONVILLE, FZ 32225 CITY-ST-ZIP Change ☐ Addition HILE ☐ Delete TITLE 700110947557 10/18/07--01021--017 \*\*150.00 NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detele TITLE Change ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 all other like empowered. PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO