

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 042 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P06000118551 1. Entity Name SRB LANDSCAPE AND IRRIGATION, INC. | | | |  | |
| Principal Place of Business 160 STANLEY DRIVE FREEPORT, FL 32439 | | | Mailing Address POST OFFICE BOX 2031 SANTA ROSA BEACH, FL 32459 | | |
| 2. Principal Place of Business - No P.O. Box # 160 STANLEY DR. Suite, Apt. #, etc. | | 3. Mailing Address PO Box 2031 Suite, Apt. #, etc. | | | |
| City & State FREEPORT FLORIDA Zip 32439 | | City & State SANTA ROSA BEACH FLORIDA Zip 32459 | | 4. FEI Number 20-8844880 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JARRETT, ROBERT 160 STANLEY DRIVE FREEPORT, FL 32439 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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: <u><i>Robert Jarrett</i></u> ROBERT JARRETT <u>7/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JARRETT, ROBERT 160 STANLEY DRIVE FREEPORT, FL 32439 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u><i>Robert Jarrett</i></u> ROBERT JARRETT <u>8/21/07</u> <u>850-259-2242</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |