

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025660

FILED
Mar 31, 2008
Secretary of State

Entity Name: PLANTSCAPE IRRIGATION & LANDSCAPE, INC.

Current Principal Place of Business:

891 WEST AMERICAN EAGLE DRIVE
SAINT AUGUSTINE, FL 39092

New Principal Place of Business:

891 WEST AMERICAN EAGLE DRIVE
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

891 WEST AMERICAN EAGLE DRIVE
SAINT AUGUSTINE, FL 39092

New Mailing Address:

891 WEST AMERICAN EAGLE DRIVE
SAINT AUGUSTINE, FL 32092

FEI Number: 20-8553856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLER, KELLY
891 WEST AMERICAN EAGLE DRIVE
SAINT AUGUSTINE, FL 39092 US

Name and Address of New Registered Agent:

BOLLER, KELLY
891 WEST AMERICAN EAGLE DRIVE
SAINT AUGUSTINE, FL 32092 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:

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLLER, CRAIG S
Address: 891 WEST AMERICAN EAGLE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 39092

Title: P () Delete
Name: MURRELL, DARON E
Address: 241 LIGE BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOLLER, CRAIG S
Address: 891 WEST AMERICAN EAGLE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG S. BOLLER

PRES

03/31/2008

Electronic Signature of Signing Officer or Director

Date