## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90037 033 \*\*\*150.00

## **ANNUAL REPORT**

DOCUMENT # P07000043853

1. Entity Name ZACH WRENN LANDSCAPING, INC.											
<del>1410 500111</del>	171KSI SIKE 1pt D-R	H 32274	UNIT D. P. P. L	Mailing Address 135 FA, JU Aven C 14 <del>10 SOUTH FIRST STREET</del> UNIT D APP D-K JACKSONVILLE BEACH, FL 32250				11 <b>87</b> 1(  <b>81888</b> 11(8	ATING SINTS III	!! <b>!!!</b> !!!! <b>!!!</b> !	
Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	1 (12/06)		
City & State			City & State	City & State		4. FEI Number			-	oplied For	
Zip		Country	Zip	Country		5. Certificate of	f Status Desired		8.75 Add		
6. Name and Address of Current Regist			t Registered Agent			7. Name and	Address of New R	legistered Ag	ent		
				N	Name						
PHILLIPS, 3560 SOU JACKSON	TH THIRD			S	Street Address (P.O. Box Number is Not Acceptable)						
		·:									
				С	City FL Zip Code						
the obligati	ions of registe	r submits this statement leared agent.  or printed name of revisiered agen	for the purpose of changing and title Laphcable. (N	IIS registered o			, in the State of Fk	DATE	niliar with,	and accept	
		FEE IS \$150.00 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be led to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	S IN 11	
THE NAME STREET ADDRESS CITY-ST-ZIP	1410 SOU	ZACHARY R TH FIRST STREET   VILLE BEACH, FL 3		THTLE NAME STREET AD CITY-ST-2	I	Third Aver	nce South	Apt D-R	X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET AD CITY-ST-2	l l			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-Z				[	Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STBLET AD CITY-ST-2	I .				_ Change	Addilion	
THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	IITLE NAME STREET AD CITY-ST-Z	I .			C	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	certify that the	information supplied wi	Delete	TITLE NAMC STREET AD CITY-ST-Z for the exempt	IP .	d in Chapter 119.	Florida Statutes 1		Change	Addition	

reported on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 - 662 -Daytine Phone #