

Apr 23 08 02:07p

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000048106

1. Entity Name
 PHIL JOHNSON'S LANDSCAPE AND IRRIGATION
 COMPANY, INC.



Principal Place of Business Mailing Address

845 MAXWELL RD 845 MAXWELL RD
 UMATILLA, FL 32784 US UMATILLA, FL 32784 US

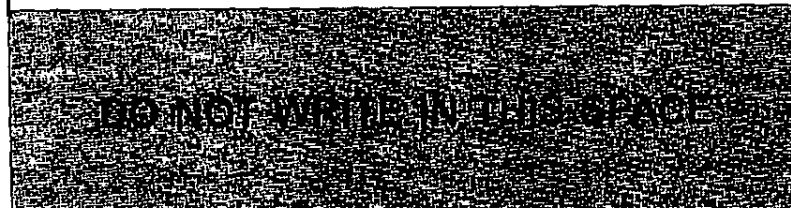
U00000922058
 05/15/08-80032-002 150.00



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3192914 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required



8. Name and Address of Current Registered Agent

PHILIP D JOHNSON, SR
 845 MAXWELL RD
 UMATILLA, FL 32784

DO NOT WRITE
 IN THIS SPACE

9. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00

10. Election Campaign Financing
 Trust Fund Contribution ☐ \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, PHILIP D SR. 845 MAXWELL RD UMATILLA, FL
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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: Phil Johnson Phil Johnson 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #