## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

**SIGNATURE:** 

## FILED Mar 05, 2008 08:00 A DOCUMENT # P93000085787 **Secretary of State** COREY ENTERPRISES LAWN AND LANDSCAPE, INC. Principal Place of Business Mailing Address 14 HARGROVE GRADE P.O. BOX 350454 PALM COAST, FL 32137 PALM COAST, FL 32135 US 03012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2323351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KATZ, B. PAUL ESQ. DO NOT WRITE 1 FLORIDA PARK DRIVE S ATRIUM SUITE **B KATZ PROFESSIONAL CENTER** IN THIS SPACE PALM COAST, FL 32137 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COREY, ELIAS ROGER NAME P.O. BOX 350454 N/A STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32135 MILE COREY, ANDREA BENDER NAME U00000847913 STREET ADDRESS P.O. BOX 3540454 N/A 03/19/08-80038-010 150.00 PALM COAST, FL 32135 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS 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 an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR D