2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P97000099834 01-24-2008 90047 002 ***150.00 WARD REASONER & SONS LANDSCAPING, INC. Principal Place of Business Mailing Address dnnn. 5855 45TH ST E P.O. BOX 21881 BRADENTON, FL 34203 BRADENTON, FL 34204 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Win Rivers Suite, Apt. #, etc Suite, Apt. #, etc. 01042008 Chg-P CR2E034 (12/06) Arrish City & State 4. FEI Number Applied For Florida 65-0798255 Not Applicable CountrySA \$8.75 Additional 5. Certificate of Status Desired Fee Regulred Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REASONER, WARD 5106 Lorraine Rd Bradeston Fl 34211 6322 FORRESTER DINVE Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34202 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIF FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME REASONER, THERESA NAME 5106 Lorraine Rd STREET ADDRESS STREET ADDRESS 6322 FORRESTER DR Bradenton F1 34211 CITY-ST-ZIP BRADENTON, FL 34204 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling des not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied mental 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 receive of 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 arcattachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

FILED

Jan 24, 2008 8:00 am

Daytime Phone #