

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90011 050 ***150.00

DOCUMENT # P98000006237

1. Entity Name
MUNRO'S LANDSCAPING & WATER GARDENS, INC.



Principal Place of Business
MUNRO'S LAWN CARE LANDSCAPING
HOMOSASSA, FL 34446

Mailing Address
7039 W GROVER CLEVELAND
HOMOSASSA, FL 34446



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3488338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNRO, ROBERT D
2450 BASCOMBO AVENUE
HOMOSASSA, FL 34448

**DO NOT WRITE
IN THIS SPACE**

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

Robert D. Munro
Signature, typed or printed name of registered agent and this is applicable

Robert D. Munro
(NOTE: Registered Agent signature required when reissuing)

Jan. 4, 2008
DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUNRO, ROBERT
STREET ADDRESS 2450 ~~BASCOMBO~~ AVENUE *BASCOMBE*
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE VMTS
NAME MUNRO, MARGARET
STREET ADDRESS 2450 ~~BASCOMBO~~ AVENUE *BASCOMBE*
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Margaret Munro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Munro
Date

Jan. 4, 2008
Daytime Phone #

352-621-1944