

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000037678**

1. Entity Name  
**DESIGNER MULCH, INC.**



Principal Place of Business  
**ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056 US**

Mailing Address  
**ONE RIVERWAY, SUITE 1400  
HOUSTON, TX 77056 US**

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0830906**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SCARNOR, JOSEPH J  
ONE RIVERWAY STE 1400  
HOUSTON, TX 77056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MITCHELL, KEVIN D  
ONE RIVERWAY STE 1400  
HOUSTON, TX 77056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
EWELL, DAVID C  
ONE RIVERWAY, STE 1400  
HOUSTON, TX 77056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVT  
FATJO, TOM J III  
ONE RIVERWAY, STE 1400  
HOUSTON, TX 77056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPAS  
CASALINOVA, CHARLES A  
ONE RIVERWAY, STE 1400  
HOUSTON, TX 77056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPAS  
PAXTON, MICHAEL L  
ONE RIVERWAY, STE 1400  
HOUSTON, TX 77056**

**U000000761043  
05/25/07-80039-011 150.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.30.07**

**713 292 2400**